

We create safe and inclusive communities that foster student success.

PETITION FOR CONTRACT RELEASE OVERVIEW

Greetings!

The [Residence Hall Contract for Room and Dining Plan](#) is a legally binding contract. The contract is for the full academic year, both fall and spring semesters.

While it is uncommon and intrusive, there is a process available for an administrative release. The process is reserved for those who have a **significant and unforeseen change** that occurred after the contract period began that prevents you from upholding your contractual obligation.

The process to demonstrate a **significant and unforeseen change** is done through the ***Petition for Contract Release***. The contract cannot be terminated solely for the purpose of living off-campus or in order to commute from home. While this process can be initiated at any time, students should be aware of the housing forfeiture schedule when submitting their petition. The Housing Forfeiture Schedule is outlined in the Residence Hall Contract for Room and Dining Plan. Of note, there are no refunds after week four each semester.

Please carefully read the Petition for Contract Release Documentation Forms for the type of release applicable to your situation. Documentation is required and must be submitted in full for the release to be considered. Directions for the documentation needed can be found on the form related to your situation type.

University Housing will determine a response to your request within 14 days of receiving your request. If approved, the date your petition was submitted will be used for the forfeiture schedule (if applicable). The decision will be sent to your Kent State email account.

If you have any questions, please contact your RHD/AC, the accounting office at (330) 672-7021, or the Assistant Director, Residential Communities assigned to your residence hall.

Go Flashes!

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PETITION FOR CONTRACT RELEASE COVERSHEET

THIS COVERSHEET IS TWO (2) PAGES AND MUST BE INCLUDED WITH DOCUMENTATION

Before you begin the Petition for Contract Release process, be sure to read the Petition for Contract Release Overview. When ready, please fill out this form. All requests must include this form, appropriate supporting documentation, and a typed narrative to explain the situation and documentation.

Name: _____ KSU ID #: _____

Permanent Address: _____ Residence Hall and Room #: _____

_____ KSU Email: _____

_____ Phone #: _____

Please include a checkmark next to the situation prompting your request.

Don't forget to sign the Student Acknowledgement on the next page of this coversheet!

_____ **Medical Situation:** for a medical situation, you must have a signed, detailed explanation from your Medical/Health Provider outlining why the on-campus housing options are no longer feasible. The Health Professional must explain the circumstance causing this change and why it is necessary to move out of the residence halls during the contract period. *Please note on-campus housing has a variety of room types including single rooms and apartment style options.*

_____ **Financial Situation:** for a financial situation, you must provide documentation to verify a significant, financial change that prevents you from fulfilling the contract. If you are a dependent, the financial change must consider your family unit. The documentation must show a date after the contract period began. Examples of documentation include a parent/guardian's employment status change or a significant, unexpected medical or home repair expense. *Please note financial change verification requires you to verify options for additional student aid by visiting the One Stop for Student Services.*

_____ **Extenuating Circumstances:** for extenuating circumstances, you must have a typed narrative of the reason for your request to be released and documentation that supports the request. Active military duty, deployment, marriage, or child raising responsibilities are examples of extenuating circumstances.

STUDENT ACKNOWLEDGMENT

I understand that the [Residence Hall Contract for Room and Dining Plan](#) is a legally binding contract. The contract is for the full academic year (both fall and spring semesters) or the balance thereof.

I understand the [University policy regarding student housing](#) and furthermore understand it is my responsibility to provide any and all information pertinent to my situation as it relates to the situation prompting this Petition for Contract Release.

I also understand submission of this petition does not ensure an approved contract release, only proper review and evaluation by University Housing. Presentation of falsified information may be referred to the appropriate office or to the Office of Student Conduct.

Completed Petition for Contract Release requests can be submitted in one of the methods listed below. Please remember documentation is required and must be submitted in full for consideration.

University Housing will determine a response to your request within 14 days of receiving your request. If approved, the date your petition was submitted will be used for the forfeiture schedule (if applicable). The decision will be sent to your Kent State email account.

Student Signature: _____ **Date:** _____

SUBMIT COMPLETED PETITIONS TO ONE OF THE FOLLOWING:

Email: housing@kent.edu

In person the University Housing main office located in Korb Hall

By Fax: 330-672-2579

---- RESIDENCE SERVICES ONLY ----

Date & Name of Staff Member Receiving Form: _____

Special Instructions: _____



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PETITION FOR CONTRACT RELEASE – STUDENT MEDICAL DOCUMENTATION FORM

MEDICAL/HEALTH PROVIDER MUST COMPLETE THIS FORM.

IF YOUR PETITION IS NOT FOR A MEDICAL SITUATION THIS FORM SHOULD NOT BE COMPLETED.

Medical/Health Provider: the student requesting the documentation is currently assigned to a room on-campus and is seeking a release from their housing contract. A release from the housing contract is reserved for medical situations that prevent a student from fulfilling the terms of their legal obligation. Both sides of this form must be completed for review.

_____ is applying for a release from the housing contract.
(name of student)

I certify the above listed patient has been under my medical care for a period from:
_____ to: _____ with a diagnosis of: _____

I. Medical Condition – *Please attach additional pages as needed for full documentation.*

Please explain how the medical condition changes the student’s ability to live on-campus.

II. Environment – *Please attach additional pages as needed for full documentation.*

Please provide details on the room type/living environment that best supports the medical needs of this student.

Residence Services will first attempt to relocate the student to a new room type based on the recommendation above. If a new on-campus room type is not medically appropriate for this student, please explain why.

By signature, I certify that the information is correct and that my records/diagnostic tests confirm the need for the change in room type outlined.

Medical/Health Provider Name: _____

Medical/Health Provider Signature: _____

Medical/Health Provider Address and Phone Number: _____
