

PETITION FOR RELEASE FROM UNIVERSITY APARTMENT LEASE

Please examine the criteria for release listed below to determine whether you may qualify. If you qualify, submit this form together with supporting documentation. Claims that do not contain adequate supporting documents will automatically be denied. Print and submit to the Apartment Resident Director.

Name: _____ Phone: _____ Date: _____
(Please Print First and Last Name)

Apartment Address: _____ Apt #: _____ Student ID#: _____

Forwarding Address: _____

CHECK ONE APPLICABLE BOX ONLY:

- Withdrawal from all classes Subject to verification.
- Medical Must be supported by a letter from your doctor describing a specific condition that will be alleviated by moving out of your apartment. The letter should contain history, diagnosis, medication prescribed and should state whether the condition is permanent or temporary.
- Educational Requirement Such as student teaching and change in University programs. In almost all cases, this is information a student should know prior to contract date, but in special cases, substantial proof from the University may justify release.
- Graduation Subject to verification.
- Financial Hardship Substantial change in the family or student financial status beyond the control of the student, such as death, accident or severe illness of primary family wage earner, or unusual circumstances well supported by documentation.

The petition will be reviewed after University Housing personnel confirm that it is complete. Written notification will be sent to your residence and Bronco Web email address within two weeks of submission of petition and supporting documentation.

Approved petitions will result in penalty equal to one month's rent past official 30-day notice and deposit forfeiture. University Housing staff will determine date of official notice based on receipt date at the Housing office. Failure to comply with proper Apartment checkout procedures will result in additional charges. The student will be charged for any cleaning or damage to the apartment.

I understand that if this petition for release is denied, I shall be obligated for the full amount of charges set forth in the University Apartment Lease Conditions.

Student Signature: _____

For office use only:	
<input type="checkbox"/> Contract Release Approved By _____	Date _____
<input type="checkbox"/> Charges to be Billed Through _____	
<input type="checkbox"/> Penalty Charges Equal to 1 Month's Rent _____	
<input type="checkbox"/> Forfeit Deposit	
<input type="checkbox"/> Contract Release Denied Date _____	
	Date Received by University Housing