## Illinois State University University Housing Services

## **CONTRACT RELEASE REQUEST**

(Formal request to be released from University Housing contract cancellation charges)

A Contract Release Request is a formal written petition to obtain a release from the contract cancellation charges outlined in the University Housing Contract Terms and Conditions.

"The Contract Release Request process is for students who experience significant changes in circumstances beyond their control which prevent them from fulfilling the terms of the University Housing Contract and which cannot be resolved within the University Housing system." (Section III.F.14)

Submitting a Contract Release Request form is NOT a guarantee of release from the contract or the cancellation charges. The request will be reviewed and a decision will be sent to the student's Illinois State Email.

Contract Release Requests must be returned to ISU Housing Services:

Mail:	Fax:	Email:
Assignment's Supervisor		
University Housing Services	(309) 438-8866	housing@illinoisstate.edu
Campus Box 2600		
Normal, IL 61790-2600		

## **Necessary Documentation**

If the primary reason for the request to be released is one of the following, the documentation indicated is required:

- 1. <u>Medical</u>: A statement must be obtained from the student's personal physician or the University Health Service indicating the nature of the illness, the severity of the illness, when the illness was diagnosed, etc.
- 2. <u>Financial</u>: Appropriate documentation must be submitted demonstrating how the student's financial situation has changed since signing the residence hall contract.
- 3. <u>Marriage</u>: A statement is required outlining the date of the marriage, address after the marriage and enrollment status after marriage. A copy of the marriage certificate must also be submitted.
- 4. <u>Other Reasons</u>: Supporting documentation is helpful in reviewing Contract Release Requests. Students are encouraged to submit supporting documentation whenever possible.

Please complete the form on other side of this page.

Please type or print				
Name	UID			
ISU Email Address				
Personal Email Address				
Send Decision to Personal Em	nail (initial)	Cell Phone Number		
Release Requested for:	Year ( ) First &	& Second Semesters ( )	Second Semeste	r ( ) Summer
Are you remaining enrolled at	ISU: ( ) Yes, hi ( ) No	gh school graduation date	e:	_(Mo/Yr)
In the space provided below, of Housing contract cancellation ASSERTION MAY BE REQUI	a charges. REMEME	BER THAT DOCUMENT	ATION BEYON	
The information supplied on a detail.	and with this request	is, to the best of my kno	wledge, accurate	e in every
Signature			Date:	