

*Illinois State University
University Housing Services*

CONTRACT RELEASE REQUEST

(Request to be released from University Housing contract cancellation charges)

Important Information

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 communicated in writing to the student.

Contract Release Requests must be sent to:

Assistant Director
University Housing Services
Campus Box 2600
Normal, IL 61790-2600

or

FAX: 309-438-8866

Necessary Documentation

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

1. **Medical**: 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. **Financial**: Appropriate documentation must be submitted demonstrating how the student's financial situation **has changed since signing the residence hall contract**.
3. **Marriage**: 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. **Other Reasons**: 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 _____

University Housing Address _____

Forwarding Address _____

Cell Phone Number _____

Release Requested for: _____ Year () First & Second Semesters () Second Semester () Summer

Are you remaining enrolled at ISU: () Yes, high school graduation date: _____(Mo/Yr)
() No

In the space provided below, clearly state your reason for requesting to be released from the University Housing contract cancellation charges. REMEMBER THAT DOCUMENTATION BEYOND PERSONAL ASSERTION MAY BE REQUIRED, AS STIPULATED IN THE DIRECTIONS.

The information supplied on and with this request is, to the best of my knowledge, accurate in every detail.

Signature: _____ Date: _____

Attach supporting documentation.