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Sacred Heart University - Office of Residential Life and Housing Services

Housing Contract Release Form

Name:			Date:
Building/Room Assignment:			Student ID #:
Semester Requesting to be Released: 🗆	Current Semester	□ Upcoming Fall 20	Upcoming Spring 20
Corresponding Class Year: 🗆 Freshmen	* 🛛 (Rising) Sopho	more* 🛛 (Rising) Ju	nior 🛛 (Rising) Senior
<u>Please check one of the following:</u>			
□ will Commute from Off-Campus	🗆 I will Commute	from Home 🛛 🗆 I am	Studying Abroad (Spring/Fall)
I am Withdrawing from SHU	🗆 I am Graduating	(Spring/Fall)	□ Other:
Please indicate your reasons for leaving Mark 1 for the primary reason, 2 for the		-	ll the factors impacting your decision.
Financial		Roommate (Conflict
Personal (ie. family problems, illness at home)Prefer to Live Off-		e Off-Campus/Home	
,,,,,, _		Studying Ab	road
Condition of Room/Facilities		Graduating	2
Off-Campus Address (Not for Mailing Pu	irposes):		
Student Print:		Student Signature:	
80% Refund Before the Start of 2 nd Week of Class Classes, 20% Refund Before the Start of 5 th Week			
* Freshmen,	Sophomore Only - Re	sidency Requirement W	aiver *
Pursuant to the current Residence Hall Agreement an required to reside in SHU housing during their first tw residency requirement and to become a commuter fo	o academic years at the Un	iversity. This form is the stude	is of the Classes of 2013 and after are int's official request to be released from the
Freshman/Sophomore Students wishing to live as a commute Residing full-time at the student's permanent		ria:	
 A parent or legal guardian must be residing at the same address. This residential location is no greater than 35 miles away from Sacred Heart's Fairfield campus. 			
I attest that I live at the address below on a full-time basis, with status; an in-person appointment may be necessary to complet If it is discovered that the student is not residing at home or the the full cost of University housing and commensurate meal pla all students living in off-campus, non-SHU properties.	te the request. If the residency r at the student is residing at anot	equirement is waived, I am respon ther off-campus location that is not	slble for any changes in financial ald, parking, and meal plan. t the above listed home address, the student will be billed for
By signing below, I verify that the above student is my depende confirm this. If it is discovered that the student is not residing a will be billed for the full cost of University housing and comme	it home or that the student is re	siding at another off-campus locat	ion that is not the above listed home address, the student
Home Address:			
Parent/Guardian Print:		Relationship t	o Student:
Parent/Guardian Signature:			Date:
Residential Life Office Use:			_ 🗆 Book