

APARTMENT AND RESIDENCE HALL CONTRACT RELEASE APPLICATION *page 1 of 5*



APPLICATION INSTRUCTIONS

1. Releases are not considered by the committee unless all attachments and supporting documents are included with the application.
2. All release applications **MUST** include detailed written information supporting the reason for your release request. A marriage is the only exception to this requirement. Proper legal documentation must be supplied for a release granted due to marriage.
3. Releases are not a replacement to solve housing assignments issues, personal differences, roommate or floor problems, or other circumstances typically associated with Residence Education or the Judicial Process of Student Life. Related applications will be denied and referred to the appropriate party. (<http://www.vps.msu.edu/information-for-students/student-handbook>)
4. Every student is required to report his/her correct local address to the Office of the Registrar, and to report any changes thereafter.
5. Failure to register the actual address, or failure to notify the university of a change of address within five class days after the change becomes effective, will be considered as falsification of university records.
6. The Contract Release Committee will first seek to provide other space within the university facilities to relocate a student, and all other options second.
7. Each student has the basic responsibility for arranging adequate financial support prior to signing a Lease or Housing Contract. Requests for release based on financial need must complete a detailed financial status worksheet and include the financial aid documentation found on STUINFO (<https://stuinfo.msu.edu>).
8. If sufficient financial aid, through grants and loans is available to the student (accepted or not), a financial release will not be granted.
9. Applicants must present evidence of significant change in circumstances, since the time the Contract or Lease was signed.
10. If you are requesting a release due to a medical condition, you must also complete a Medical Condition Verification Request, and Release of Medical Records Authorization (page 5). Your health care provider must verify your medical condition by supplying pertinent health care records to the University Physician. **THE APPLICATION WILL NOT BE PROCESSED UNTIL THIS IS DONE.**
11. Students requesting release due to meal costs or dietary restrictions typically will be relocated to University Apartments.
12. The contract release process involves extensive investigation and review. While every effort is made to notify the student as soon as possible, the processing time will depend on the circumstance. Applicants should expect the process to take two to four weeks.
13. Students are advised not to sign other housing contracts or leases until they have been notified in writing, of the outcome of their contract release. If released, you will receive written notification, and you must vacate the hall or apartment properly.
14. If you move out of campus housing without a valid contract release, rent or room and board charges will continue to accrue. Those in violation of the Student Housing Policy, could result in termination of their enrollment.
15. **SUBMISSION OF AN APPLICATION IMPLIES NO WRITTEN OR EXPRESS GUARANTEE OF RELEASE BY THE UNIVERSITY.**
16. If a student drops to part-time status (six credits or less), they are eligible for contract release. If a student drops to part-time status for fall semester and then increases the number of credits or courses during spring semester (of the same academic year), the Housing Contract becomes valid, and the student must return to the assigned space.
17. Applications containing the following statements, and/or related comments, will most likely be denied:

I was not aware I was signing a contract.

I'll get better grades off campus.

A better opportunity became available.

I joined a fraternity or sorority.

Living off campus will be a better fit.

My fraternity/sorority house made room for me.

My roommate/friend signed me up.

My religion precludes me from living on campus.

COMPLETE THE CONTRACT RELEASE APPLICATION AND SEND TO:

Email Address: contractrelease@rhs.msu.edu

Lease/Contract Release Application
Residence Education and Housing Services Housing Assignments Office
Michigan State University
Wilson Hall
219 Wilson Road, Rm C101
East Lansing, MI 48825

Fax: 517-884-6541

Retain this page of information concerning the details of the contract release procedure.

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(Please TYPE or PRINT)

MARK ONE:

- Financial
- Marriage
- Part-time
- Medical
- Special Circumstances

MARK ONE:

- Full Year (Specify Year _____)
 - Fall Semester (Specify Year _____)
 - Spring Semester (Specify Year _____)
 - Summer Semester (Specify Year _____)
- Specify Session First Second Both

RESIDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: ____
PID: _____
Email Address: _____@msu.edu Circle Current Class Standing: Fr So Jr Sr Grad
Room#: _____ Apt.#: _____
Hall: _____ Tel. #: () _____ Cell #: () _____
Parent/Guardian Name: _____ Tel #: () _____
Street Address: _____ City: _____
State/Country: _____ Zip: _____
Credits Earned to Date: _____ Credits This Semester: _____ Semesters Lived On Campus: _____

If released, where will you live?

Street Address: _____ City: _____
State/Country: _____ Zip: _____
Monthly Rent: \$ _____ Desired Release Date: _____

Resident's Signature

Date

FINANCIAL INFORMATION (Statement from parent/guardian may be required)

Are you employed? Yes No If yes, where? _____

Would you accept employment from Residence Education and Housing Services? Yes No

How did you plan to finance your room and board when you signed the Housing Contract?

1. Complete the Financial Status Change Form, page 4.
2. Provide financial aid documentation from the online site found at STUINFO, even if the award is zero. (<https://stuinfo.msu.edu>)

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MARRIAGE

Date of Marriage: _____ Date Release Requested: _____

Married Name: _____ Marriage Certificate Verified By: _____ Date: _____

You must provide an **original Marriage Certificate**. A license for marriage or unofficial copy of a certificate is not acceptable.

MEDICAL *Complete page 5 and send to your medical provider.*

Describe your condition: _____

What is the remedy for this condition?

YOU MUST ALSO COMPLETE A MEDICAL CONDITION VERIFICATION REQUEST. See page 5 of application.

Name of health care provider treating this condition: _____

Is this health care provider related to you? Yes No If yes, how? _____

SPECIAL CIRCUMSTANCES

Please give a detailed reason for this request. Also state the significant change in your circumstances that has occurred since you signed your Contract or Lease.

Please state reason: _____

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FINANCIAL CHANGE STATUS FORM

Student Name: _____

Date: _____

INSTRUCTIONS

1. Column A is your status when you signed the Housing Contract or Lease.
2. Column B shows a substantial change in your circumstances, which will result in a negative ending balance or need.
3. We reserve the right to suggest alternatives to meet your financial needs.

RESOURCES (Please provide information for a 12-month period of time)

	Column A <small>(When you signed the Contract or Lease)</small>	Column B <small>(What the amounts would be if you were released)</small>
Savings:	_____	_____
Employment:	_____	_____
Financial Aid:	_____	_____
Parents:	_____	_____
Misc:	_____	_____
TOTAL RESOURCES	_____	_____

EXPENSES

Housing:	_____	_____
Food:	_____	_____
Telephone:	_____	_____
Cable:	_____	_____
Electric:	_____	_____
Heat:	_____	_____
Misc:	_____	_____
Transportation:	_____	_____
	_____	_____
TOTAL EXPENSES	_____	_____

TOTAL +/-

Provide financial aid documentation from the online site found at STUINFO and include with page 4. (<https://stuinfo.msu.edu>)

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RELEASE OF MEDICAL RECORDS AUTHORIZATION COMPLETE THIS PORTION AND SEND TO YOUR MEDICAL PROVIDER

Date: _____

I authorize _____ to send my medical records that support my request
Medical Care Provider Name
for release from the Residence Education and Housing Services Housing Contract/Lease to the Michigan State University Physician.

Address of Medical Care Provider: _____

Student Signature: _____ Campus Address: _____

Witnessed By: _____ Date: _____

(Print) Name of Witness: _____

MEDICAL CONDITION VERIFICATION REQUEST TO BE COMPLETED BY MEDICAL PROVIDER

To: **Medical Care Provider**

Student Name: _____

This student has applied for a release from his/her Housing Contract/Lease at Michigan State University, due to a medical condition. Please provide copies of relevant medical records that relate their condition, as well as a list of any necessary accommodations. This is **not** a request for your recommendation regarding the release of this student from a legal contract/lease.

Adaptations needed by the student:

INSTRUCTIONS FOR MEDICAL CARE PROVIDERS

Please send this form with the requested medical records for evaluation to:

Dr. David Weismantel, M.D., M.S.
University Physician
Michigan State University
463 East Circle Drive, Rm. 346
East Lansing, MI 48824-1037
Fax: 517-355-0332