



## Bethune-Cookman University

### Department of Housing and Residence Life

#### HOUSING AGREEMENT RELEASE REQUEST INSTRUCTIONS

Directions: Please read all of the information below before completing the Housing Agreement Release Request Form. An incomplete request will be rejected without action.

Please refer to the following when applying for a release:

1. Housing Agreement Release Request Forms must be completed entirely and submitted by July 15 for a Fall Semester release, or by November 15 for a Spring Semester release.
2. All supporting documentation and information must be furnished along with the request form. *Do not submit documentation and Release Request separately.*
3. When providing the letter of support, be specific and orderly in presenting your reason(s) for requesting a release from the Housing Agreement. Be sure to avoid generalizations. List your reasons in priority of importance and reference the documentation that you intend to include in your submission. *The letter of support must establish how your circumstances or conditions have changed since the agreement was first signed.*
4. The rendering of a decision regarding the Housing Agreement Release Request will be made *via email*, generally no later than two weeks after the deadline if all necessary documentation was provided.

**NOTE:** *You should not make alternative housing plans until a decision has been received.*

#### Necessary documentation for consideration:

The following examples pertain to the most frequent reasons for seeking a release from the contract or residency agreement. Your rationale is not limited to these examples.

1. **Withdrawal:** Please provide proof of your withdrawal from the Registrar's office and any additional supporting document.
2. **Marriage:** Please include date of marriage on the Release Form. A notarized copy of your marriage certificate must be submitted within ten working days after the marriage and prior to any refunds processed for a room and/or board. Release will be effective the day after marriage occurs.
3. **Dependents:** Please provide a copy of the birth certificate/ guardianship decree for each dependent in addition to your State I.D. or Driver's License.



4. **Medical:** A statement should be obtained from your personal physician and submitted to the Office of Student Accessibility Services. This information will not be shared with others who are not in the need to know. The statement should indicate
  - A. History of medical problem(s);
  - B. Pertinent physical finding(s);
  - C. Diagnosis;
  - D. Report on related laboratory or X-ray findings;
  - E. Treatment, including a copy of any special diet or restriction; and
  - F. How the medical problem prohibits you from residing in a residence hall.
  
5. **Other:** Please provide appropriate and relevant documentation supporting any request that is not covered by the above categories.

**IMPORTANT:** Conditions such as noise, food, roommate conflict, dissatisfaction with the living arrangements or amenities, etc. are not considered valid in terms of release from the Housing Agreement. Problems such as these can be solved by communicating with the Housing and Residence Life staff either by a room change, building change, or strict enforcement of rules and regulations.

#### *REVIEW PROCEDURES*

1. Upon receipt of all required information, the Housing Review Committee will evaluate your request based on the criteria contained herein. You will be notified via email of the decision no later than two weeks after the deadline date.
2. Appeals must be submitted, in writing to the Housing Review Committee, within five (5) days of receipt of the denial notification.
3. Submission of an appeal does not release you from any current financial or residential obligations. The effective date of action will be specified in the notification. You will be accountable for all financial charges up to and including that date, and for any charges occurring as a result of damage to your room.
4. Students who are not granted a release from the Housing Agreement are required to immediately comply with the financial and residential decisions rendered by the Housing Review Committee. Inversely, students who are granted a release from the Housing Agreement, are free of all financial and residential obligations with regard to the Department of Housing and Residence Life.



## HOUSING AGREEMENT RELEASE REQUEST APPLICATION

Wildcat ID Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Date of High School: \_\_\_\_\_  
Month Day Year

Hometown Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Establishment Date of Hometown Address: \_\_\_\_\_  
Month Day Year

Parent/Guardian's Name: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Desired Date of Release: \_\_\_\_\_  
Month Day Year

Request Reasoning:

- Medical       Commute       Age       Marriage       Dependents       Other

Check Below The Documents That Will Accompany This Request:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Letter of Support<br>(Required) | <input type="checkbox"/> Marriage Certificate(s)  | <input type="checkbox"/> Birth Certificate(s)  | <input type="checkbox"/> Driver's License             |
| <input type="checkbox"/> Guardianship<br>Documents       | <input type="checkbox"/> Medical<br>Documentation | <input type="checkbox"/> Commute Certification | <input type="checkbox"/> State Identification<br>Card |
| <input type="checkbox"/> Other: _____                    | <input type="checkbox"/> Other: _____             | <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Other: _____                 |

This request must be submitted with a letter of support clearly stating your reasons for requesting this release. Remember, appropriate documentation is required as stipulated in the directions. All supporting materials must be attached.

This information supplied on and with this request is, to the best of my knowledge, accurate. If false information is submitted, I understand that my release will automatically be denied and I will be referred for disciplinary action.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_