Financial Duress Release Request
2015-2016 Academic Year

The University of Denver residency requirements state that all single, undergraduate students, under the age of 21, fulfill the two-year live-in and meal plan requirement. International students will not meet the extreme financial duress criteria, due to the international admission financial requirements and will not be released from the live-on requirement.

*Please read this information carefully and provide all required documentation by the deadline date to be considered for release. You must submit your request prior to finals of the current quarter to be considered for release for the following quarter. Incomplete requests will not be reviewed.*

Request steps to be considered for release from live-on requirement:
1. Complete Request Form (page 2)
   If you are completing a request on the grounds of extreme financial duress it is an expectation that you meet with the Financial Aid Office to explore and apply for financial aid which includes student loans. This must be done before completion of this form. Your request will not be reviewed until the all financial aid available has been determined and utilized.
2. Attach required documentation
   a. A typed, dated and signed letter from the student that includes the following information:
      i. Indication from the student that he/she would like to be released from the his/her housing or meal plan contract
      ii. An explanation of the financial difficulty he/she and/or the family is experiencing
      iii. A detailed cost analysis of current situation versus potential living/eating situation
      iv. Letter from parents/legal guardian detailing the financial difficulty the family and/or student are experiencing (optional).
      v. Any documentation from the Financial Aid Office that indicates you do not qualify for aid (grants, scholarships, loans, etc.) or documentation of the aid you are awarded including student loans.
3. Submit the form and all documentation to the HRE Office located in Driscoll North, Suite 200 or email to Joel.Cruz@du.edu.
4. Releases will be made by the Contract Release Committee based upon the documentation provided. Student will receive a final decision via email within (7) business days of the Contract Release Committee’s decision. The Petition Review Committee meets during the second week of every month.
5. Should your request be denied, you may appeal with a representative from HRE; additional supporting documentation is required.

Students needing a medical accommodation that conflicts with the two-year live-on requirement need to contact the Disability Services Program at http://www.du.edu/studentlife/disability/dsp/index.html or 303.871.2278.
Financial Duress Release

Student Information

Name: ____________________________ DU ID#: ________________

On-Campus Address: ____________ Building ____________ Room # ____________ Telephone#

Permanent Address: ____________________________________________________________________________

Street Address City State Zip Telephone#

Date of Birth: ______ Age: ______ Email: __________________________

Major: __________________________ Quarter/YR Admitted to DU: ____________________________

Release Information

Quarter to Begin Request or Release (circle one quarter and one year only): Fall/ Winter/ Spring 2015/ 2016

Year and Term started at DU: ________________ Transfer Student (circle): Yes / No

Request:

___ Meal Plan Release

___ Meal Plan Change to ____________________________

___ Housing Only Release

___ Housing and Meal Plan Release

Financial Information

Do you have any financial aid application/requests on file with the University? Yes: _____ No: _____

Financial Aid Award – include all grants, scholarships, and loans

Type and amount: ____________________________ Accepted (circle) Yes / No

Type and amount: ____________________________ Accepted (circle) Yes / No

Type and amount: ____________________________ Accepted (circle) Yes / No

Type and amount: ____________________________ Accepted (circle) Yes / No

Type and amount: ____________________________ Accepted (circle) Yes / No

Type and amount: ____________________________ Accepted (circle) Yes / No

Type and amount: ____________________________ Accepted (circle) Yes / No
Requests are accepted on a rolling basis and are due prior to the start of the quarter you are requesting release. (Requests received after classes begin for the current quarter will be reviewed for the next quarter.)

*Attach all letters of explanation and documents to this form*

I verify that all of the information contained in this request is accurate. I acknowledge that evidence of deliberate falsification of information or the submission of any materials, which provide false or erroneous information in connection with an attempt to be released from the residency requirements, shall be grounds for pursuing disciplinary action.

________________________   ____________________
Signature               Date

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<th>For Office Use Only</th>
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<tr>
<td>_____  Released; Beginning</td>
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<td>_____  Denied</td>
<td>Letter Sent Via Email</td>
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