Live at Home Release Request
2015-2016 Academic Year

The University of Denver residency requirements state that all single, undergraduate students, under the age of 21 must fulfill the two-year live-in requirement.

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

Petition steps to be considered for release from live-on requirement:

1. Complete Petition Form (page 2)
   - Student can choose to live at home with parents or legal guardian whose permanent home address is within 45 miles of the campus. These students must notify the Housing and Residential Education office prior to the start of the each academic year that they are choosing to live with their parents or legal guardian for their first and second year at DU.
   - The student and their parent or legal guardian must sign the petition in front of a licensed notary prior to submission in order to verify that all information provided is correct. Petitions that are not notarized will not be reviewed.

2. Attach required documentation: A typed, dated and signed letter from the parent/legal guardian whose permanent address is within 45 miles of the campus stating that the student will reside with him or her.

3. Return documentation to the Housing & Residential Education Office, 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 final decision via email within (7) business days of the Petition Review Committee’s decision. The Petition Review Committee meets during the second week of every month.

5. If a petition is denied, you may appeal with a representative from HRE; additional supporting documentation is highly recommended.

6. If released, you are required to notify the Housing and Residential Education Department of any changes to your housing status if you are no longer living at home for the duration of the academic year.

**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](http://www.du.edu/studentlife/disability/dsp/index.html) **or (303) 871-2372**
Live at Home Petition

Student Information

Name: _________________________________ DU ID#: __________________

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

Date of Birth: ______________ Age: ______ Email: __________________

Major: ____________________ Quarter/YR Admitted to DU: ____________________

Information – Where and with whom you intend to live

Permanent Address: ____________________ Street Address ____________________ City ____________ State ____________ Zip ____________ Telephone# ______

Parent/Guardian: ____________________ First and Last ____________________ Email ____________________ Telephone# ______

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

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

Notary Information: The Student and Parent/Guardian must sign together in front of a licensed Notary.

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.

_______________________________ ___________________________ ____________
Printed Name of Student Signature of Student Date

_______________________________ ___________________________ ____________
Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Signed and sworn before me on __________ day of __________, 20____ (Seal)

County of ____________________ State of ________________

_______________________________ ___________________________
Printed name of Notary Signature of Notary

My commission expires ____________, 20______

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 next quarter)

*Attach all letters of explanation to this form*

For Office Use Only

__________________________ ____________________________
Database Updated Date Received

________ Released; Beginning ____________________________ Letter Sent Via Email

________ Denied

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