Special Release
2016-2017 Academic Year

The University of Denver residency requirement states that all unmarried undergraduate students, under the age of 21, fulfill a two-year live-in and meal plan 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 three weeks prior to the start of the quarter being considered. Releases for Fall Quarter can be accepted up to two weeks before the start of the quarter.

**Incomplete requests will not be reviewed.**

Steps to be considered for release from live-on requirement:

1. **Complete Request Form (page 2)**
   
   Individuals who complete this request form do not meet the criteria (i.e. Live-at-Home, Financial Duress, or Medical-DSP) for release outlined by the Housing and Residential Education Department.

2. **Attach required documentation**
   
   a. A typed, dated and signed letter from the student that includes the following information:
      
      i. The type of request the student is making of housing along with a detailed explanation of the student’s situation (why they are submitting a special request or release from housing).
   
   b. Any additional documentation that would support the special request or release.
   
   c. (Optional) Letter from parent or guardian supporting student in their request.

3. **Submit the form and all documentation to the HRE Office located in Nagel Hall or email HREContractRelease@du.edu.**

4. Requests will be determined by the Contract Release Committee based on the documentation provided. Student will receive a final decision via email within two business days of the Contract Release Committee decision. The Contact Release Review Committee meets on an ongoing basis.

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 303.871.2372.
Special Release Request

Student Information

Name: ___________________________ DU ID#: ______________

On-Campus Address: __________________ Building _________ Room # _________

Permanent Address: __________________ Street Address _________ City _________ State _________ Zip _________ Telephone# _________

Date of Birth: ___________ Email: ____________________________

Quarter/YR Started at DU: __________________________ Transfer Student (circle): Yes / No

Request Information

Quarter to Begin Request or Release (circle one quarter and one year only): Fall / Winter / Spring 2016 / 2017

Request:

____ Meal Plan Release

____ Meal Plan Change to __________________________

____ Housing Only Release

____ Housing and Meal Plan Release

Brief Reason:

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

*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.