Special Release
2015-2016 Academic Year

The University of Denver residency requirement states that all single, 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 petition prior to finals of the current quarter to be considered for release for the following quarter. *Incomplete requests will not be reviewed.*

Petition 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 criterion (i.e. Live-at-Home, Financial Duress, or Medical-DSP) for release or Requests 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 he or she 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 Driscoll North, Suite 200.**

4. Requests will be determined by the Contract Release Committee based on the documentation provided. Student will receive a final decision via email within (7) business days of the Contract Release Committee decision. The Petition Review Committee meets during the second week of every month.

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.
Special Release Request

Student Information

Name: _______________________________  DU ID#: __________________

On-Campus Address: ___________________ ___________________

Building  Room #

 Permanent Address: ___________________ ___________________

 Street Address  City  State  Zip  Telephone#

Date of Birth: _________  Age: _________  Email: ________________________________

Major: ___________________________ Quarter/YR Admitted to DU: ______________________

Request 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

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.

_________________________  __________________
Signature Date

For Office Use Only

Database Updated ________________

Released; Beginning __________________________

Denied

Date Received ________________

Letter Sent Via Email ________________