Financial Duress Release Request
2018-2019 Academic Year

The University of Denver residency requirements state that all unmarried undergraduate students, under the age of 21, must fulfill the 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 for which you are requesting the release (releases for Fall Quarter can be accepted up to two weeks before the start of the quarter).

**Incomplete requests will not be reviewed**

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

1. Complete Request Form (page 2)
   
   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 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 the 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. 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 Nagel Hall 136 or email to HREContractRelease@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 two business days of the Contract Release Committee’s decision. The Contract Release Committee meets on an ongoing basis.

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: ______ Email: __________________________

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

Release Information

Quarter to Begin Request or Release (circle one quarter and one year only): Fall/ Winter/ Spring 2018/ 2019

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

Last revised December, 2017
Requests are accepted on a rolling basis and are due three weeks 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

For Office Use Only

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<td>Database Updated</td>
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<td>Date Received</td>
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<td>Denied</td>
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