Live at Home Release Request
2019-2020 Academic Year

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

You must submit your release form two weeks prior to the start of the quarter for which you are considering release (releases for Fall Quarter can be accepted up to two weeks before the start of the quarter).

**Incomplete release forms will not be reviewed**

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

1. Complete Contract Release 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.
   - The student and their parent or legal guardian must sign the contract release form in front of a licensed notary prior to submission in order to verify that all information provided is correct.
     Release forms 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 them.

3. Return documentation to the Housing & Residential Education Office, 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 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. If a release is denied, you may appeal with a representative from HRE; additional supporting documentation is required.

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) 871-3241
Live at Home Release Request

**Student Information**

Name: ________________________________  DU ID#: __________________

On-Campus Address: ____________________  Building  Room #  Telephone#

Date of Birth: ___________  Email: ______________________________

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

**Information – Where and with whom you intend to live**

Permanent Address: _____________________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone#</th>
</tr>
</thead>
</table>

Parent/Guardian: ________________________________  First and Last  Email  Telephone#

Quarter to Begin Release (circle one quarter and one year only):  Fall / Winter / Spring  2019/ 2020

Request:

____ Housing Only Release

____ Housing and Meal Plan Release

____ Housing and Meal Plan Change to _______________________

**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_____

Last revised January, 2019
Requests are accepted on a rolling basis and are due two 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 next quarter)

*Attach all letters of explanation to this form*

<table>
<thead>
<tr>
<th>For Office Use Only</th>
<th>Database Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_________________</td>
</tr>
<tr>
<td>Released; Beginning</td>
<td>Date Received</td>
</tr>
<tr>
<td>_________________</td>
<td>_________________</td>
</tr>
<tr>
<td>Denied</td>
<td>Letter Sent Via Email</td>
</tr>
<tr>
<td>_________________</td>
<td>___________________</td>
</tr>
</tbody>
</table>

Last revised January, 2019