



Medical Release 2017-2018 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.

*****Incomplete contract release forms will not be reviewed *****

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

1. Completed Contract Release Form (page 2)
2. Attach required documentation:
 - a. A letter from a physician, mental health professional, or medical specialist, relevant to the student's condition, that would support his or her request for release (please note, this letter must be dated within the past two years). This letter must show the diagnosis and nature and severity of the limitations that the diagnosis puts on the student.
 - b. (Optional) Letter from parent or guardian supporting student in their request.
3. Return documentation to the Housing & Residential Education Office, located in Nagel Hall 136 or email to HREContractRelease@du.edu.
4. Releases will be considered the Contract Release Committee, based upon the documentation provided. The student will receive a final decision via email within two business days of the Contract Release Review Committee's decision. The committee meets on an on-going basis.
5. If approved, the student will be requested to check-out of the residence halls within 48 hours of receiving the approval confirmation. Housing fees and meal plan fees will be pro-rated to the date of check-out.
6. If a request for release is denied, you may appeal with a representative from HRE (additional supporting documentation is required).

Students needing a medical accommodation during 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

Medical Contract 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

Contract Release Information

Quarter to Begin Release (circle one quarter and one year only): Fall / Winter / Spring 2017 / 2018

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 _____	Date Received _____
_____ Denied	Letter Sent Via Email _____