Special Release
2019-2020 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 to the Housing Department two weeks prior to the first day of move-in for the requested quarter.

**Incomplete requests will not be reviewed**

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

1. For Meal Plan release requests; students must meet with Sodexo first to discuss their dietary needs.

2. Schedule a time to meet with an HRE Staff Member to discuss the reasons for the request through housing@du.edu.

3. 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) for release outlined by the Housing and Residential Education Department.

4. 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.

5. Submit the form and all documentation to the HRE Office located in Nagel Hall 136 or email HREContractRelease@du.edu.

6. 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 Contract 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 303.871.3241.
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  2019 / 2020

Request:

___ Meal Plan Release

___ Meal Plan Change to Commuter Block

___ 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  ____________  Date Received  ____________  Letter Sent Via Email  ____________

Released: Beginning  ____________  Denied  ____________