

# APARTMENT AND RESIDENCE HALL CONTRACT RELEASE APPLICATION *page 1 of 5*



If a contract release application is on the basis of an incident involving relationship violence, stalking and/or sexual misconduct, please contact the following offices directly for assistance with your contract release request: Sexual Assault Program (517-355-3551 or [endrape@msu.edu](mailto:endrape@msu.edu)), MSU Safe Place (517-355-1100 or [noabuse@msu.edu](mailto:noabuse@msu.edu)), or the Office of Institutional Equity (517-353-3922 or [oi@msu.edu](mailto:oi@msu.edu)). Sexual Assault Program and MSU Safe Place can serve as confidential resources and are not required to report incidents to the Office of Institutional Equity or MSU Police; Residence Education and Housing Services as well as the Office of Institutional Equity are considered mandatory reporters under MSU's Relationship Violence and Sexual Misconduct Policy. MSU is committed to cultivating a safe and inclusive campus community. If you are requesting a contract release due to harassment or assault, please contact the Office of Institutional Equity (OIE) at 517-353-3922 or [oi@msu.edu](mailto:oi@msu.edu).

## APPLICATION INSTRUCTIONS

1. Releases are not considered by the committee unless all attachments and supporting documents are included with the application.
2. All release applications **MUST** include detailed written information supporting the reason for your release request. A marriage is the only exception to this requirement. Proper legal documentation must be supplied for a release granted due to marriage.
3. Releases are not a replacement to solve housing assignments issues, personal differences, roommate or floor problems, or other circumstances typically associated with Residence Education or the Judicial Process of Student Life. Related applications will be denied and referred to the appropriate party. ([vps.msu.edu/information-for-students/student-handbook](https://vps.msu.edu/information-for-students/student-handbook))
4. Every student is required to report their correct local address to the Office of the Registrar, and to report any changes thereafter.
5. Failure to register the actual address, or failure to notify the university of a change of address within five class days after the change becomes effective, will be considered as falsification of university records.
6. The Contract Release Committee will first seek to provide other space within the university facilities to relocate a student, and all other options second.
7. Each student has the basic responsibility for arranging adequate financial support prior to signing a Lease or Housing Contract. Requests for release based on financial need must complete a detailed financial status worksheet and include the financial aid documentation found on STUINFO ([stuinfo.msu.edu](https://stuinfo.msu.edu)).
8. If sufficient financial aid, through grants and loans is available to the student (accepted or not), a financial release will not be granted.
9. Applicants must present evidence of significant change in circumstances, since the time the Contract or Lease was signed.
10. If you are requesting a release due to a medical condition, you must also complete a Medical Condition Verification Request, and Release of Medical Records Authorization (page 5). Your health care provider must verify your medical condition by supplying pertinent health care records to the University Physician. **THE APPLICATION WILL NOT BE PROCESSED UNTIL THIS IS DONE.**
11. Students requesting release due to meal costs or dietary restrictions typically will be relocated to University Apartments.
12. The contract release process involves extensive investigation and review. While every effort is made to notify the student as soon as possible, the processing time will depend on the circumstance. Applicants should expect the process to take two to four weeks.
13. Students are advised not to sign other housing contracts or leases until they have been notified in writing of the outcome of their contract release. If released, you will receive written notification, and you must vacate the hall or apartment properly.
14. If you move out of campus housing without a valid contract release, rent or room and board charges will continue to accrue. Those in violation of the Student Housing Policy, could result in termination of their enrollment.
15. **SUBMISSION OF AN APPLICATION IMPLIES NO WRITTEN OR EXPRESS GUARANTEE OF RELEASE BY THE UNIVERSITY.**
16. If a student drops to part-time status (six credits or less), they are eligible for contract release. If a student drops to part-time status for fall semester and then increases the number of credits or courses during spring semester (of the same academic year), the Housing Contract becomes valid, and the student must return to the assigned space.

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(Please TYPE or PRINT)

**MARK ONE:**

- Financial
- Marriage
- Part-time
- Medical
- Special Circumstances

**MARK ONE:**

- Full Year (Specify Year \_\_\_\_\_ )
  - Fall Semester (Specify Year \_\_\_\_\_ )
  - Spring Semester (Specify Year \_\_\_\_\_ )
  - Summer Semester (Specify Year \_\_\_\_\_ )
- Specify Session  First  Second  Both

## RESIDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_  
PID: \_\_\_\_\_  
Email Address: \_\_\_\_\_@msu.edu Circle Current Class Standing: Fr So Jr Sr Grad  
Room#: \_\_\_\_\_ Apt.#: \_\_\_\_\_  
Hall: \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Tel #: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credits Earned to Date: \_\_\_\_\_ Credits This Semester: \_\_\_\_\_ Semesters Lived On Campus: \_\_\_\_\_

**If released, where will you live?**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_ Desired Release Date: \_\_\_\_\_

\_\_\_\_\_  
*Resident's Signature* \_\_\_\_\_  
*Date*

## FINANCIAL INFORMATION (Statement from parent/guardian may be required)

Are you employed? Yes No If yes, where? \_\_\_\_\_

Would you accept employment from Residence Education and Housing Services? Yes No

How did you plan to finance your room and board when you signed the Housing Contract?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Complete the Financial Status Change Form, page 4.
2. Provide financial aid documentation from the online site found at STUINFO, even if the award is zero. ([stuinfo.msu.edu](http://stuinfo.msu.edu))



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## FINANCIAL CHANGE STATUS FORM

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### INSTRUCTIONS

1. Column A is your status when you signed the Housing Contract or Lease.
2. Column B shows a substantial change in your circumstances, which will result in a negative ending balance or need.
3. We reserve the right to suggest alternatives to meet your financial needs.

### RESOURCES (Please provide information for a 12-month period of time)

	<b>Column A</b> <small>(When you signed the Contract or Lease)</small>	<b>Column B</b> <small>(What the amounts would be if you were released)</small>
Savings:	_____	_____
Employment:	_____	_____
Financial Aid:	_____	_____
Parents:	_____	_____
Misc:	_____	_____
<b>TOTAL RESOURCES</b>	_____	_____

### EXPENSES

Housing:	_____	_____
Food:	_____	_____
Telephone:	_____	_____
Cable:	_____	_____
Electric:	_____	_____
Heat:	_____	_____
Misc:	_____	_____
Transportation:	_____	_____
	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____

**TOTAL +/-**

Provide financial aid documentation from the online site found at STUINFO and include with page 4. (<https://stuinfo.msu.edu>)

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## RELEASE OF MEDICAL RECORDS AUTHORIZATION COMPLETE THIS PORTION AND SEND TO YOUR MEDICAL PROVIDER

Date: \_\_\_\_\_

I authorize \_\_\_\_\_ to send my medical records that support my request

Medical Care Provider Name

for release from the Residence Education and Housing Services Housing Contract/Lease to the Michigan State University Physician.

Address of Medical Care Provider: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

(Print) Name of Witness: \_\_\_\_\_

## MEDICAL CONDITION VERIFICATION REQUEST TO BE COMPLETED BY MEDICAL PROVIDER

To: **Medical Care Provider**

Student Name: \_\_\_\_\_

This student has applied for a release from their Housing Contract/Lease at Michigan State University, due to a medical condition. Please provide copies of relevant medical records that relate their condition, as well as a list of any necessary accommodations. This is **not** a request for your recommendation regarding the release of this student from a legal contract/lease.

Adaptations needed by the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSTRUCTIONS FOR MEDICAL CARE PROVIDERS

Please send this form with the requested medical records for evaluation to:

Dr. David Weismantel, M.D., M.S.  
University Physician  
Michigan State University  
463 East Circle Drive, Room 123  
East Lansing, MI 48824-1037  
Fax: 517-355-0332

## COMPLETE THE CONTRACT RELEASE APPLICATION AND SEND TO:

Please submit all questions or concerns to:  
Lease/Contract Release Application  
Residence Education and Housing Services Housing Assignments Office  
Michigan State University  
1855 Place  
550 South Harrison Road  
East Lansing, MI 48823  
**contractrelease@rhs.msu.edu**

Fax: 517-884-6541

Retain this page of information concerning the details of the contract release procedure.

REV 08/18