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), MSU Safe Place (517-355-1100 or noabuse@msu.edu), or the Office of Institutional Equity (517-353-3922 or oie@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 oie@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)
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).
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.
(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 _______ )  

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?
________________________________________________________________________________________

2. Provide financial aid documentation from the online site found at STUINFO, even if the award is zero. (stuinfo.msu.edu)
MARRIAGE

Date of Marriage: ________________________  Date Release Requested: ________________________
Married Name: ___________________________ Marriage Certificate Verified By: ___________________  Date: _________

You must provide an original Marriage Certificate. A license for marriage or unofficial copy of a certificate is not acceptable.

MEDICAL Complete page 5 and send to your medical provider.

Describe your condition: _________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

What is the remedy for this condition?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

YOU MUST ALSO COMPLETE A MEDICAL CONDITION VERIFICATION REQUEST. See page 5 of application.

Name of health care provider treating this condition: ______________________________________________

Is this health care provider related to you?   Yes   No     If yes, how? ___________________________________

SPECIAL CIRCUMSTANCES Please give a detailed reason for this request. Also state the significant change in your circumstances that has occurred since you signed your Contract or Lease.

Please state reason: _________________________________________________________________________________________
____________________________________________________________________________________________________________
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APARTMENT AND RESIDENCE HALL CONTRACT RELEASE APPLICATION page 3 of 5

liveon.msu.edu
# 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)

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(When you signed the Contract or Lease)</td>
<td>(What the amounts would be if you were released)</td>
</tr>
<tr>
<td>Savings:</td>
<td></td>
</tr>
<tr>
<td>Employment:</td>
<td></td>
</tr>
<tr>
<td>Financial Aid:</td>
<td></td>
</tr>
<tr>
<td>Parents:</td>
<td></td>
</tr>
<tr>
<td>Misc:</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL RESOURCES**

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## EXPENSES

| Housing: | |
| Food: | |
| Telephone: | |
| Cable: | |
| Electric: | |
| Heat: | |
| Misc: | |
| Transportation: | |

**TOTAL EXPENSES**

---

**TOTAL +/-** [ ] [ ]

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

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

Date: ___________
I authorize _____________________________ to send my medical records that support my request 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