Request for Contract Release Hearing

Name ____________________________________________________________

Phone __________________________________________ E-Mail ________________________________________

We will communicate via e-mail so please list an e-mail address that you check regularly.

On-Campus Address: Building _________________________ Room Number ________________

Class Level (circle): [Associate] [Freshman] [Sophomore] [Junior] [Senior] [Graduate] [Other]

Briefly state the primary reason for seeking this release of contract:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Appropriate supporting documentation and a detailed letter must be submitted with this application. Submission of this application does not ensure an approved contract release, but merely proper review and evaluation.

All housing and dining contracts are for the entire academic year or balance thereof. The contract release is for immediate releases. If you are requesting a Spring semester release these hearings will be held after the Thanksgiving break. Please indicate above if this is for a Spring semester release. The student must have an approved release in writing from the committee before the contract is terminated.

To obtain a contract release the student must provide information/documentation to the committee showing a significant and unforeseen change in their personal circumstance since entering into the Housing/Dining contract which prevents them from honoring that commitment.

I have read the statements above and have reviewed the information on the reverse side. I understand the information contained in this Application for Contract Release and furthermore understand that it is my responsibility to provide any and all information pertinent to my situation as it relates to the guidelines for applying for a contract release.

Student Signature __________________________________________ Date ______________________________

**Before completing this form carefully read the instruction on the reverse side.**
Contract Release Guidelines

1. A detailed letter must accompany this form clearly stating the reason(s) for seeking a release from the housing contract.
2. It is the responsibility of the applicant to provide the information which proves that this case involves a “significant and unforeseen change in circumstances since entering into the terms and conditions of the contract that precludes the applicant from fulfilling the contractual obligations”
3. Decisions are based on the documentation and information provided by the student and is the responsibility of the student. Any information provided to the committee is at the discretion of the student. When thinking of how to “prove” the validity of an Application for Contract Release (proving a significant and unforeseen change), cover all aspects of the situation, use a logical sequence to show how and why this request meets the guidelines for a contract release.
4. For additional information please go to [http://www.housing.vt.edu/contracts/release.html](http://www.housing.vt.edu/contracts/release.html)

If your request is based on medical/disability reasons must be reviewed by the Services for Students with Disabilities (SSD) office. The SSD committee serves in an ex officio capacity to the contract review committee to evaluate any medical or disability release requests. Please provide any medical/disability documentation to their office for review. The SSD office can be reached at ssd@vt.edu or (540)231-3788.

Return this form and your documentation to

144 New Hall West or scan/e-mail to housing@vt.edu.