

Department of Residential Life Release Application

Name _____ Univ.ID# _____ Cell Number _____

Quad _____ Hall _____ Semester applying for a release _____

Your Residence License is binding for the full academic year. Once you receive your room keys, you are bound to the License. If you are planning to apply for a release from residence, please note the following criteria to qualify to apply for this release.

[] **Withdrawal/ Transfer from the University**. Your first step would be to go to the Office of Withdrawal and Re-Entry (LC 30) to fill out a withdrawal form. Once filled out, you must bring a copy to the Department of Residential Life. You must also complete a **Release Application** from residence. Once completed, a copy with approval will be given to you to provide to the quad in which you are moving out. For a regular (non-medical) refund, you will be refunded a weekly rate up to eight weeks. After 8 weeks, there will be no refund. For a medical withdrawal, or a withdrawal beyond your control, you may apply for a weekly rate refund beyond the 8 weeks by providing documentation to support this claim.

[] **Foreign Exchange Student**. You are a foreign exchange student who is only accepted for one semester.

[] **Study Abroad**. You must come to the Department of Residential Life and provide a copy of your acceptance letter to study abroad. You must also fill out a **Release Application** form and once filled out, will be given a copy with approval to show to the quad when you move out.

[] **Financial**. You must come to the Department of Residential Life to fill out a **Release Application**. In addition, you must provide 3rd party documentation that a **LEGITIMATE** financial **change** has occurred since you moved in. An example of 3rd party documentation would be a letter from an employer (on business letterhead) stating a loss of a job. Once the documentation is received in our office, our Senior Associate Director will submit it to Financial Aid for review. Financial Aid will respond within 7 days, with a recommendation. Please note that a financial approval for release requires you to move to your permanent address which must be less than 50 miles from the University Campus. If you are approved for a release for financial reasons and live in Empire Commons, there is a **\$400.00** cancellation fee

[] **Medical**. All medical requests must be submitted to the Health Center at least 4 weeks prior to the beginning of the following semester in order to allow time for the gathering of all information. Medical releases are rarely granted so please plan accordingly. Please e-mail the Health Center at ask UHC with any direct queries. Also visit the Health center website http://www.albany.edu/health_center/medhousingreq.shtml for specific information on medically based Housing requests including the specific medical information which will be required. If the medical center supports your claim, then you will be released from housing. Once approved, you must also fill out a **Release Application** in the Department of Residential Life. If you are approved for a medical release but not withdrawing from the university and live in Empire Commons, there is a **\$400.00** cancellation fee.

[] **Academic Dismissal**. You must provide a copy of your academic dismissal letter and also fill out a **Release Application**.

[] **Internship** (must be at least 50 miles away from the University to qualify for a release.) Must fill out a **Release Application** and provide documentation stating approval of the internship.

[] **Graduation**. (Fall Semester only). You must fill out a **Release Application** indicating that you are graduating at the end of the semester. Please note that billing for the spring will go out before you move out; however, the charges will be taken off of your bill once you move out of your room and turn in your keys. If you live in Empire Commons, a **\$400.00** cancellation fee will apply. ---Please note that any material found fraudulent will be dealt with by the Office of Conflict Resolution.

Signature _____ Date Signed _____

Permanent Address: Street _____ City _____ State _____ Zip _____

Staff Initials _____ Approved _____ Denied _____ Date _____