

Petition to Cancel Housing Contract

Residence Life allows individuals who wish to cancel their contract the ability to submit a petition for termination. The petition is reviewed on the 15th of each month and can take up to thirty days for a decision. First Name:_____ Last Name: ____ Student ID: ____ Date: ____ Building:_____ Room #:_____ RmType:____ Cell/Phone:_____ I request to be released from my Housing agreement beginning (date)_____ and have submitted documentation in support of the following reasons: ☐ Graduation/Withdrawal Subject to Verification **☐** Marriage/Domestic Partnership Student must provide a certificate of marriage or legal domestic partnership. **□** Educational Requirement Subject to verification, such as documentation to show you are studying abroad or participating in a student exchange program. ☐ Financial Hardship Subject to Verification ☐ Medical Reasons Student must complete the medical petition checklist and turn in with a copy of this form. **□** Unusual Circumstances Student is required to provide proof that circumstances have arisen that are not within the scope of the above listed criteria that make living on campus a hardship. I understand that if this contract release is denied, I shall be obligated for the full amount of charges under the terms set forth in the Housing Agreement. Under all circumstances the damage deposit paid at time of application is forfeited; damages and other charges will be assessed if applicable. Refunds are made only upon contract release approval and are contingent on my compliance with proper residence hall check out procedures. Failure to do so will result in additional charges. Student Signature____ *Email Contract Release form to housing@woodbury.edu for prompt consideration. *Office use only* Petition Approved/Denied: ___ **Date of Notification:** Attach completed contract release to student RCR if approved. Check out Date: Keys returned: **Room Damages:** CHARGES from ______ to _____ Room/Board Charges: Residence Life Authorization: **Additional Meal Plan** Date:_____ Charges: **Total:**