

Contract Release Request



TechID/StarID Daytime Phone		Name	Last	First	
		Hall and Roor	Hall and Room		
Permane	nt Address				
	Str	eet	City	State	Zip
Semeste	er for which release is re	equested: 🖵 Fall	□ Spring □	Summer	
	sing Contract specifies the dered. Check the box nex				mester will
	Withdrawal from all classes □ Transfer □ Graduation □ Non-admission If, during the term of the contract, I am reinstated or re-enrolled after my release request has been approved, I understand I will be held financially responsible for the entire contract.				
	Serious medical or health problem which impedes the ability of a resident to fulfill the terms of the Housing Contract. Students requesting release for a medical or health issue will be referred to Accessibility Resources (132 Memorial Library) for an evaluation of the request.				
	Marriage during the contract term.				
	Affiliation with Minnesota State University, Mankato programs that are away from the Mankato campundame of program If, during the term of the contract, I cancel my participation in the above program, I understand I will be held financially responsible for the entire contract.				
Docume	ons other than graduation ntation may be required to ntation you have.				noite.
	of the above reasons is the d make an appointment in				
I hereby	request to be released from i	my Housing Contract. I	understand and accept	the associated charges.	
Signature			Date		
		FOR OFF	ICE USE ONLY		
	Request Approved Effect	ctive (Date) ee for your contract rela	By ease will be billed to yo	 ur student account.	
	A \$50 administrative fee for your contract release will be billed to your student account as your request was received less than 21 days prior to the end of the semester.				
	Request Denied Date Although your request for a control the removal of personal belonging	gs, not release from your Hou	using Contract. If you decide t	to check out of your room, you wi	m indicates I be held

Department of Residential Life
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