

GREENSBORO COLLEGE HOUSING RELEASE REQUEST

(rev. 1-18)

I hereby request to be released from my Greensboro College housing obligation. I acknowledge limitations of release imposed by the Student handbook, housing policies and stipulations specified by conditions for admission, financial aid and other potentially governing policies. I understand that I will be notified of the decision on this request (in writing, via my campus E-mail address) within seven business days. I further understand that if this request is denied, I may not appeal again until the following semester as the Housing Committee's decision is final.

Do not sign a lease until you have been issued a written release from your housing obligation. Greensboro College will not be compelled by a binding lease with an unrelated third party.

Do not use this form if your request for release is based on medical needs. The stringent documentation requirements for such requests are beyond the purview of residence life department's authority. Students are advised to contact the Greensboro College Director of Disability Services for assistance in preparing a request for accommodation based on medical needs.

Last name: _____ First name: _____ Student ID#: _____

Signature: _____ DATE (mm/dd/yyyy): _____ Res Hall/Rm: _____

Phone#: _____ Mailing Address: _____

Housing release is requested to begin in (circle one): FALL (or) SPRING, of (year): _____

I understand that making false statements or providing erroneous/forged records is contrary to Greensboro College Student Conduct Policies and may be a violation of federal, state or local laws. I assume full responsibility for all statements and supporting documentation provided with this request and attest that they are correct and true.

My request to be released from my housing obligation is based on the following eligibility criteria (Check all that apply)

____: **I wish to commute from home.** For students who enrolled from an address within 50 miles of Greensboro College, and wish to live at that address full time. (Enrollment information will be verified).

____: **I will have earned 60 (or more) semester credit hours by the start of the requested semester.** (Your transcript will be verified).

____: **I am 21 years of age** (or, I will be 21 prior to October 1st (for Fall) or prior to February 1st (for Spring)).

____: **I am now married** (attach a notarized copy of your marriage certificate).

____: **Other (non-medical) reason:** Attach a type-written letter which provides justification for why you believe you should be released from your housing obligation. Standard business letter, type-written, with enclosures as needed. Font no smaller than 10-point. Additional documents may be attached, to support the letter.

DO NOT WRITE BELOW THIS LINE—FOR RESIDENCE LIFE OFFICE USE ONLY

Reviewed by: Printed name _____ Date: _____ Initials _____

Circle one: APPROVED DENIED

Note: Denied requests may not be appealed. The Housing Committees decision is final.