University Housing
PHONE: 248-204-3940
FAX : 248-204-3920
EMAIL: HOUSING@LTU.EDU

Office Use:
Date Received: _____
Status: Approved Denied Hold
Meal Plan Cancelled _____
Student Notified: _____
Email Litlink: _____
Notify Campus Safety: _____
Update Banner: _____
Update Occ. Report: _____
Notify RHC: _____

UNIVERSITY HOUSING CONTRACT RELEASE REQUEST FORM

PLEASE PRINT:

_____
Last Name First Name MI

_____ _____
Banner ID Room and Building (If Known)

_____ _____
Email Address @LTU.edu Secondary Email Address

_____
Permanent Mailing Address

_____
City State Zip Phone Number

Canceling for (circle all that apply):	Fall	Spring	Summer
For full refund of security deposit	May 1	May 1	April 15
For 50% refund of security deposit	June 1	June 1	May 15

I have a meal plan: Yes No
I would like to cancel meal plan: Yes No

Reason:

_____ Withdrawal from LTU
_____ Graduation
_____ Student internship outside the Detroit Metro area (attach copy of acceptance letter)
_____ Married (attach a copy of marriage certificate)
_____ Medical (attach Doctor's documentation)
_____ Financial (Provide documentation on how your financial situation has changed since signing your University Housing contract)
_____ Prior to Contract time period

READ AND SIGN BELOW:

I understand that I am canceling in accord to the Terms and Condition on the University Housing contract I signed I also understand that it is my responsibility to return this complete form to the Office of University Housing before the above deadlines. I understand that if this form is turned in after the deadlines that I will forfeit all security deposits as a cancellation fee. The security deposit will be sent to my permanent address listed in Banner.

_____ _____
Student Signature Date