



RESIDENCE HALL RESIDENCY REQUIREMENT/ CONTRACT RELEASE REQUEST

*****Please note that this form is due by July 1st to be considered for contract release for the Fall semester. The form is due by November 1st to be considered for contract release for the Spring semester. Late applications will not undergo review. *****

Please check the reason for your release request and submit the requested information

- Financial** – Complete PARTS I, II, III and IV of this form. Submit this form along with a detailed, typewritten statement describing the reason for your request and all supporting documentation.
- Medical/Psychological** – Contact the Office of Counseling and Disability Services at 814-886-6515 to complete the paperwork to document a medical or psychological condition that prohibits the student from living in a campus residence hall. Complete PARTS I, II, and IV of this form. Submit this form along with a detailed, typewritten statement describing the reason for your request and all supporting documentation.
- Family Situation** – Complete PARTS I, II, III, and IV of this form. Submit this form along with a detailed, typewritten statement describing the reason for your request and all supporting documentation.
- Other** – Complete PARTS I, II, III, and IV of this form. Submit this form along with a detailed, typewritten statement describing the reason for your request and all supporting documentation.

PART I - Check all that apply

- Freshman/Sophomore Residency Requirement Release Request

Check if:

- you are an incoming freshman or sophomore of traditional age living outside the 45-minute commuting zone who has graduated within two years prior to entering Mount Aloysius College or
- you are a current, traditional age resident student, who will have the class standing of freshmen or sophomore at the end of the current semester, and lives outside the 45-minute commuting zone.

- Room and Board Contract Release Request

Check if:

- you have signed a room contract for the current or upcoming academic year

PART II - Please print

Student Name: _____
(Last) (First) (Middle)

Student ID#: _____ Date of Birth: _____

Home Phone#: _____ Cell Phone#: _____

Home Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Class Standing (current): Incoming Freshman Freshman Sophomore Junior Senior

Are you currently residing on campus? Yes No

If yes, please provide your current residence hall and room number: _____
(Residence Hall) (Room Number)

I am requesting to be released for: Fall 20____ Spring 20____

(OVER)

Name: _____ ID #: _____

PART III

- Attach a copy of your student account for the semester from which you are requesting a release. Provide the following information from the Controller's Office:**

Balance still owed for current term: _____

Business Office Staff Signature: _____

- Attach a copy of your financial aid award letter for the semester or academic year from which you are requesting a release. Provide the following information from the Financial Aid Office:**

Parent Adjusted Gross Income: _____ Estimated Family Contribution: _____

Student Adjusted Gross Income: _____ Other Income: _____

What additional grants/scholarships are available through Financial Aid Office?

Is there documentation available that shows the parents/guardians have applied for a PLUS loan?

Did the student try alternative loan options? Yes No

Comments: _____

Financial Aid Office Staff Signature: _____

PART IV

By signing below, I verify that all information contained in this document is true and accurate and that I have read and understand the release policy.

Student Signature: _____ Date: _____

Return this completed form, your typewritten statement, and all documentation by mail to the Office of Student Affairs, Mount Aloysius College, 7373 Admiral Peary Highway, Cresson, PA 16630 or in person to Cosgrave Center Room 106. A decision on your request will not be made until all requested information has been submitted.

FOR OFFICE USE ONLY	
_____ Approved	_____ Not Approved
_____ Vice President of Student Affairs (or designee)	_____ Date
Comments: _____	

Reviewed by _____ Chief Financial Officer	_____ Date