## **Request for Release of the Housing and Dining Agreement**

## Office of Housing and Residence Life

## Marywood University

Name			Date	
Email			Phone #	
Hall	Room #	Requested Effe	ctive Date	
Class Year	I have met the Two-yea	r Residence Requireme	nt:Yes	No
guarantee its approval. Cor	ission of this request to be re itent in your request will be v change when a student lives o	verified by the Academic	Affairs Office and	d the Registrar's Office.
Reason(s) for requesting a	release from the University I	Housing and Dining Agre	eement:	
Withdrawing from th	e University			
Transferring to anoth	er University/College			
Taking a leave of abs	ence			
Participating in the S	emester/Travel Abroad Progr	am		
Graduating Dat	e			
	rom my parents or guardians ed letter from your parent or	•		•
Other, please specify	:			
release from the Housing A	npus Residency Policy makes greement. Thus, waiver requ	est based upon this pre	mise will not be a	
Student Signature		Date		
time the information preser	hat the information provided nted in this application is four ctively reinstated on the stud	nd to be inaccurate or m		

Office Use Only: Request Is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Other\_\_\_\_\_\_ Date Release Approved\_\_\_\_\_ Date Request Denied \_\_\_\_\_