Request for Release of the Housing and Dining Agreement Office of Housing and Residence Life Marywood University

Name		Date_	Date	
Email		Phone #		
Hall	Room #	Requested Effective D	Date	
Class Year	I have met the Two-yea	r Residence Requirement:	YesNo	
guarantee its approval. Con	itent in your request will be v	eleased from the Housing and verified by the Academic Affair off campus. Please contact the	s Office and the Registrar's Office.	
Reason(s) for requesting a	release from the University I	Housing and Dining Agreemen	t:	
Withdrawing from th	e University			
Transferring to anoth	er University/College			
Taking a leave of abso	ence			
Participating in the So	emester/Travel Abroad Progr	am		
Graduating Dat	e			
		s permanent address, which is guardian that confirms where	•	
Other, please specify	:			
release from the Housing Ag	greement. Thus, waiver requ	no provision for financial need lest based upon this premise w situation with the Financial Aid	• •	
Student Signature		Date		
Your signature constitutes the time the information preser	hat the information provided	in this release request is accund to be inaccurate or mislead	rate and true. If at any time any ing, it will result in the room and	
	Approved De r Date Request Denied			