

Housing and Meal Plan Agreement Release Information

Please review this information carefully. To be considered for release, you must submit a complete packet of documentation. If your petition for release is based on lifestyle or residence hall issues, we recommend you meet with your Residence Coordinator (RC) prior to submitting this packet. All information submitted is confidential.

Petition Process

1. Review this information and gather the necessary documentation.
2. Provide a written statement of why you are petitioning to be released.
3. Submit your completed packet to the Office of Housing & Food Services located in the basement of Stratford Heights Building 16. The date your **completed** packet is submitted will be used to determine any refund if you are released in accordance with the schedule outlined in the Housing Agreement terms and conditions. **An incomplete packet will only delay your case and reduce any potential refund if you are released.** A packet determined to be incomplete will be returned to you.
4. After you submit your packet, you may be contacted to schedule an appointment with the Housing & Food Services representative reviewing your petition. In most cases petitions are processed within 10 working days.
5. Notifications are sent to the student's University issued email account.
6. If your petition is denied, you may appeal within 5 working days. Information on the appeals procedure will be provided to you in your notification letter.

Housing Agreement (Room and Meal Plan) Release

Release from the Housing Agreement is considered on the following grounds: **financial**, **medical/psychological**, **marriage**, and **other**. Students who are released from their Agreement (room and meal plan) must complete a proper check out within one week of release to avoid continuing room and board charges.

Financial

To be considered for release on financial grounds, you must document a significant and unanticipated change in your financial circumstances incurred since the time you signed the agreement. You must present the following information:

1. The comparison sheet between current living expenses and anticipated expenses in your proposed alternative.
2. If you are a dependent student as defined by the Financial Aid office, copies of your own and your parent's or guardian's W-2's and tax returns for the previous year, along with a complete listing of your current financial assets (e.g. checking/savings statements) and obligations (e.g. bills, loans, etc.)
3. If you are an independent student, your own W-2's and tax returns for the previous two years and a complete listing of your current financial assets (e.g. checking/savings statements) and obligations (e.g. bills, loans, etc.)

4. Documentation regarding the change in the student's or other financially responsible person's circumstances, for example:

Employment loss: Letter from employer stating and circumstances of termination, date of notification of termination, length of layoff, and any benefits received.

Unforeseen expenses: Bills from auto repair, home repair, health care, or other services, along with insurance and benefits reimbursements, co-pay requirements, etc.

Medical/Psychological

To be considered for release on medical/psychological grounds, you must document medical or psychological conditions affected by residence hall life. Your physician must complete and return the MEDICAL DOCUMENTATION form. Please note that all medical documentation is subject to review by University Student Health Services. **As most people in the Cincinnati area suffer allergies no matter where they live, allergies are not considered an acceptable reason for release.** This is supported by University Student Health Services.

Marriage

To be considered for release on grounds of marriage, you must document your marriage or impending marriage to occur within two (2) weeks. You must present the following information:

1. A marriage certificate for a completed marriage; **or** a marriage license for an impending marriage within two academic weeks. Certificate of completed marriage must be presented within 30 days.

Other

For all other petitions, you must meet with the Associate Director of Housing & Food Services to determine what documentation is needed. **The desire to live elsewhere, roommate conflicts, or hall related concerns are not grounds for release.**

Meal Plan Release

Release from the meal plan is considered on the following grounds: **financial, dietary, and other.**

Financial

Submit the information outlined in the Housing Agreement Release financial section listed above. Petitions without documentation will be considered incomplete and returned to the student.

Dietary

To be considered for release on dietary grounds, you must document medical or religious concerns that you believe cannot be met by the meal plan.

1. For medical concerns, the MEDICAL DOCUMENTATION form included in this packet must be completed by your doctor and submitted with the petition. This completed packet will be forwarded to University Health Services for a recommendation. Upon receipt of the recommendation, you will be advised of the decision in a written notification letter sent to your UC email address.
2. For religious concerns, outline your dietary needs and include documentation from your clergy with the petition.
3. For reasons other than medical or religious, please provide a detailed explanation and any supporting documentation in your written statement. You may be contacted to schedule a meeting to discuss your scenario in more detail. In some cases your needs may be able to be met via special arrangements.

Petition Information Form

Name: _____ Student ID#: M _____

Current Hall Address _____

Phone # _____

Date of Birth _____

UC Email Address _____

Permanent Address: _____

Street

City

State

Zip

Rank:

☐

Freshman

☐

Sophomore

☐

Junior

☐ Senior

☐

Graduate

☐

Co-Op

Financial Classification:

☐

Independent

☐

Dependent

List the semesters in which you have lived in UC Residence Halls:

Release sought for:

☐

Fall

☐

Spring

☐

Summer

Type of Petition:

Room and Board

☐

Meal Plan Only

☐

Release sought for:

☐

Financial

☐

Marriage

☐

Medical/Psych.

☐

Other (reason below)

Release sought for:

☐

Financial

☐

Dietary

☐

Other (reason below)

Please describe your reasons for requesting a release on the back of this page.

I understand the attached instructions and that it is my responsibility to develop a complete petition packet in accordance with the directions on the Agreement Release Information sheet. Further, I understand that my petition is a request and that I am bound to the terms of the Agreement unless I am formally released.

Student Signature

Date

**University of Cincinnati
Housing & Food Services**

**MEDICAL DOCUMENTATION FORM
(To be completed by Physician)**

_____ is petitioning for a release from the Housing and/or Meal Plan Agreement. This Agreement is binding for the academic year. The information you provide will help us to determine whether or not we release the student from this Agreement for medical reasons. Please complete this form in its entirety.

I. Medical Condition

A. Please explain the student's medical condition as related to release from the Housing/Meal Plan Agreement.

B. What is the housing/meal plan change you are recommending?

C. Why?

II. Environment (Housing Release)

A. Please explain the effect of residence hall living on the student's condition.

B. Please comment on the suitability of other residence hall living options, i.e. quiet floors, single rooms, academic floors, etc.

C. Please comment on the advantages of the living space proposed by the student.

- III. Restricted Diet (Meal Plan Release) – Please list any dietary restrictions as well as foods that the student may eat (use brand names if appropriate). Use the back of form if necessary.**

By my signature, I certify that the above information is correct and that my records and diagnostic tests confirm the need for the change requested. I agree that these records may be released to the Office of Disability Services upon request. I understand that the medical records I send will be kept in the student's confidential medical file.

Physician's Signature

Name of Physician

Date Signed

(Area Code)Phone Number

Address

By signing below, I agree to have my doctor release any medical records requested to John S. Andrews, Jr., M.D., MPH, Director of University Health Services upon request. I understand that the medical records I send will be kept in my confidential medical file at University Health Services.

Student's Signature

Date Signed