



# Housing Agreement Release

Name \_\_\_\_\_ Student A# \_\_\_\_\_

Present Room \_\_\_\_\_ Phone/Cell \_\_\_\_\_ Preferred Email \_\_\_\_\_

Residents may seek a Release from their Housing Agreement by completing and submitting this form. **Please be advised that if your request is not approved and you check out of your unit, your check out will be deemed a Housing Agreement Break and the resulting fees will be charged to your Student Account.**

Releases are typically granted for the reasons listed below. Please check the appropriate box and, if necessary, include additional information about why you are seeking a Release from your Housing Agreement.

- Academic Internship, Individual Learning Contract (ILC), or Study Abroad which requires the resident to live outside Thurston County for a period of 30 consecutive days or more during an academic quarter. Please take this form to your **Faculty member** to be signed and returned to the Residential and Dining Services Office with a copy of your Internship/Individual Learning Contract or a **copy of your syllabus/itinerary** seven (7) days before you intend to check out.

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

- Change of academic status (requires Registration and Records personnel to check one)

Graduation

Academic Withdrawal

Academic Leave of Absence

Please take this form to **Registration and Records** to be signed and returned to the Residential and Dining Services Front Office at least seven (7) days before you intend to check out.

Registration and Records Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration and Records Printed Name \_\_\_\_\_

- Medical Release – **Only use if you are moving off campus for medical reasons but will continue attending Evergreen.** Access Services will need to collect medical information and possibly consult with your health care provider explaining why the medical condition requires you to live off campus while attending school. Residential and Dining Services requires thirty (30) days from notification from Access Services to work to accommodate your specific medical needs.

**Completing this form does not complete the check out process.** Please review your Housing Agreement carefully (available online) for additional important information to consider, including billing and refund information for Housing Agreement releases.

If a Housing Agreement release is approved, the resident will be billed for the number of days the room was occupied prior to check out, with the following limitations: if the resident checks out within 30 days of the end of the academic quarter, they are obligated to pay rent for the entire quarter. **If the resident checks out after noon on the last day of the current quarter and before the 30th day of the following quarter, they will be charged a \$300 late check-out fee, in addition to the per diem cost of their Unit.**

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tentative Checkout Date** \_\_\_\_\_

*Updated 2/2020*

*Last*

Authorized _____ Date _____
Intended Checkout Date _____