OFFICE OF UNIVERSITY HOUSING

Request for Release from Housing Agreement
34th Street Housing

Last Name:_____ First Name: _____

Drexel Student ID:_____ Drexel E-Mail User ID: __ __ __ __ __@drexel.edu

House: _____ Contact Phone #: (_____) _____

I request to be released from my Housing Agreement for the following term(s):

☐ FALL 20_____ ☐ WINTER 20_____ ☐ SPRING 20____ ☐ SUMMER 20_____

PRE- APPROVED REASONS

The following reasons will only be approved if this form is received within 5 business days of said action.

☐ **Withdraw or Leave of Absence from Drexel University -** Effective Date ____/____/____
Please attach a copy of the official withdraw or leave of absence form

Signature: _____ **Date:** _____/_____/_____

OTHER REASONS

Reason for request _____

I, the undersigned, understand that this Request for Release from Housing will be forwarded to the House Leadership for the organization where I am living (or scheduled to live). The organization, upon reviewing this request, will inform the Office of University of its decision regarding this Request for Release from University Housing.

Signature: _____ **Date:** _____/_____/_____

Please fax, mail or return this form in person to the Office of University Housing, located in Towers Hall.
Any request received more than **6 months** after the term(s) in question cannot be honored.
You will receive a response via your Drexel email within 5 business days of receipt.

----------**DO NOT MARK BELOW LINE – OFFICE USE ONLY**----------

More info due by: _____/_____/_____ by: _____
Sent to Organization: _____/_____/_____ by: _____
Approved - Effective: _____/_____/_____ by: _____
Not Approved: _____/_____/_____ by: _____

Housing Deposit: Refund Forfeit N/A

Completed: Email Banner StarRez