

Request for Exemption from University Housing Residency Requirement or Release from University Housing Contract

The Eastern Kentucky University residency requirement states: "all single, full-time undergraduate students under 21 years of age, having fewer than 60 credit hours earned or having lived more than 4 academic semesters (fall/spring) in university residence hall facilities are required to live in university residence hall facilities. Exception is made for students residing with their parent(s) in the parent's principal residence within 50 miles of the Richmond campus, as determined by an official state map. Full time students must be 21, have earned a total of 59 credit hours, or have lived four academic semesters on campus prior to the first day of classes of any given semester to live off campus for that semester. Students failing to meet this requirement will be assessed the lowest residence hall fee." University Handbook for Students

INSTRUCTIONS:

Students wishing to request a release from the university residency requirement, or release from a University Housing contract, may do so by following the steps below:

- 1. Complete the Request for Exemption from University Housing Residency Requirement/Release of Contract Form.
- 2. Submit the completed form, letter of request, and required information to the University Housing office, SSB CPO 51, 521 Lancaster Avenue, Richmond, KY 40475. Student Service Building room 552. An email will be sent to the EKU email address of the student making the request within 5 working days verifying receipt of the submitted documentation. If the email is not received, the student may contact Housing to confirm receipt and request an email.

All paperwork and supporting documentation must be received before classes begin. Requests submitted after the commencement of classes, if approved, will see charges reduced according to the University's refund schedule. <u>EKU's Colonel Compass</u> lists all deadlines associated with each term.

CIRCUMSTANCES:

Students wishing to request a release from the university residency requirement or from university housing contract may do so under the following circumstances:

- Significant unexpected change in financial situation. (details on page 3)
- **Documented medical or psychiatric condition.** (details on page 3)
- Other. Other reasons that may not fall into one of the areas listed above. Please fully explain the nature of the situation and provide any supporting documentation.

PROCEDURES:

- 1. At the time a student submits the form, he/she may request an appointment to meet and discuss his/her request with the appropriate staff member within the department. If no appointment is made, the request will be reviewed based on the written documentation submitted.
- 2. The staff member will make a decision within five (5) business days after meeting or within five (5) business days following receipt of the documentation and will notify the student via an email to his/her EKU email address. If the student has not received any information within ten (10) business days, it is his/her responsibility to follow up with the Housing office.

NOTE: Cases are decided based on documentation provided. Evidence of deliberate falsification of information or the submission of any materials, which provide false or erroneous information in connection with an attempt to be released from the residency requirement shall be grounds for pursuing disciplinary action.

EASTERN KENTUCKY UNIVERSITY

Department of University Housing Request for Exemption from University Residency Requirement Form Or Release from University Housing Contract (Please attach to letter of request and supporting documentation)

Please fill	in the following informa	tion:			
Student Name			University ID Number		-
Mailing Ado	dress		Phone Number	<u> </u>	-
Cell Phone/	Alternate Phone		Classification		-
University I	E-mail Address				
Please ind	icate the action you are	requesting:			
Re	equest exception to housing r	residency requirement	OR	Request release from signed ho	ousing contract
	O ALTERNATE LIVING Almouse or name and address o				
- - -	date and sign the letter. Attach all other informat The more information yo typed or neatly printed in All paperwork and suppo	tion or supporting do ou provide, the more n ink. orting documentations, if approved, will se	ocuments requ quickly a final n must be rece ee charges redu	I decision can be made. This infor ived before classes begin. Request aced according to the University's	rmation may be ts submitted after the
information		iterials, which provide	e false or erron	knowledge that evidence of delibera eous information in connection with plinary action.	
Student Sign	nature			Date	

A. SIGNIFICANT UNEXPECTED CHANGE IN FINANCIAL SITUATION

Use this option if you have had an unexpected decrease in financial support or an unexpected increase in expenses. If you are requesting a release from signed housing contract the change in financial situation must have occurred <u>after</u> the contract was signed. Examples of documentation may include:

- 1. proof that a decrease in financial support or increase in expenses occurred; and
- 2. proof that expenses significantly exceed your ability to pay; and
- 3. proof that the cost of living off campus is significantly less expensive than living on campus.

Copies of termination of employment notice, bankruptcy statement, medical bills, repair bills, and other unexpected major expenses must be provided. If you have been granted a change in financial aid status you must provide supporting documentation from the University's Financial Aid Office. It is expected that students fully utilize all loans available to them. All financial information submitted to University Housing will be used only for the expressed purposes for which it was intended and will not be made available to any third party.

B. DOCUMENTED MEDICAL OR PSYCHIATRIC CONDITION

Use this option if a medical or psychiatric condition exists for which you are receiving ongoing treatment and which is worsened by conditions associated with living in a campus housing facility. For this reason your request MUST answer the following questions:

- 1. What significant change has arisen in your medical status since you signed your housing contract?
- 2. How does your medical situation affect your ability to continue your obligation to the campus housing contract?
- 3. What steps have you taken to exhaust all options of being able to live on campus? (ie. Request for a housing accommodation through the Center for Student Accessibility, meet with Student Health Services, meet with Dining Services regarding your meal plan options)
- 4. What is your housing plan if released from your campus housing contract and how it meets the accommodations outlined in the documentation provided by your attending certifying professional?
- 5. You must also complete the Medical Information Release form.

In addition to your letter you MUST provide documentation from a certifying professional who specializes in the area of the condition or disability being reported. This documentation which is to be on professional's official medical practice letterhead must include:

- 1. A diagnostic statement including the date of the most recent evaluation.
- 2. Treatments, medications, devices, or services currently being utilized to minimize the condition.
- 3. What are the specific accommodations needed in order to meet the medical / psychiatric needs of this student any accommodation should include any possible steps that can be taken to improve the student's on campus living environment. Please note "living off campus" is too general and is not considered a specific accommodation.
- 4. How is the request to live off campus directly related to the student's condition?
- 5. Is the condition permanent? If so, what is the prognosis for the condition? If temporary, what is the duration?

Housing & Residence Life is sensitive to medical confidentially and desires for privacy; however, if a request is to receive a thorough evaluation the above requested information is essential. Requests will be reviewed based on the documentation provided at the time of submission and it is the student's responsibility to provide all documentation at that time.

C. OTHER

Other reasons that may not fall into one of the areas listed above. Please fully explain the nature of the situation and provide any supporting documentation.



MEDICAL INFORMATION RELEASE FORM

If requesting a release based on a medicated in the letter from your medical practitions	cal or psychiatric condition, complete this form and return it with or.
University Housing at Eastern Kentuck	, give the Director (or his/her designee) of y University permission to contact my medical practitioner, whose tached. Permission is restricted to that information required ving accommodations needed.
Signature of Witness	Student' signature (Parent/Guardian if student is under 18 years of age)
Date	Date
	University I.D. Number
	Street Address
	City, State, Zip

EASTERN KENTUCKY UNIVERSITY UNIVERSITY HOUSING

Verification of Living with Parents
FALL SPRING

Planca nota: Univ		tima undargraduata studants i	under the age of 21, having fewer than 60
hours, or less than if made for studer determined by an o class of any given	our academic semesters living on camputs residing with their parents in the par fficial state map. Full-time students mu	us, are required to live in unive ents' principle residence within ast be 21 years of age or have co four academic semesters to liv	ersity residence hall facilities. Exception is in 50 miles of the Richmond Campus as completed 59 hours prior to the first day of the off-campus for that semester. Students
All paperwo	rk and supporting documentation mus	st be received before classes b	egin. Requests submitted after the
commencement of			ersity's refund schedule. <u>EKU's Colonel</u>
	Compass lists all dea Please keep in mind. Any form	dlines associated with each to	
		is that are incomplete will not fice of University Housing	t be processed.
		SSB CPO 51	
		Ave. Richmond, KY 40475	
		x: 859-622-8384	
An amail will be s		ne: 859-622-1515	thin 5 working days verifying receipt of
			ousing to confirm receipt and request an
Ţ		will he living with my nare	ent(s)/ legal guardian, in their permanent
1,	principle residence for the entire	academic year.) The address	s is listed below:
	•	• ,	
Phone	Physical Address (no PO B	oxes) City	Zip
Stud	ent Signature	EKU Student ID	 Date
that my son or dat	ighter will be living with me in my per	, am the parent/legal guard manent, principle residence cademic year.	dian of the student listed above. I verify at the address listed above for the entire
	Parent or Le	gal Guardian's Signature	
T	he signatures and information of both p	oarties were witnessed set fortl	h here thisday
COMMO	NWEALTH OF KENTUCKY, COU	NTY OF	
	My Commission Ex	xpires:	
		ry Public, State At Large	Phone Number
		rification, we understand tha	
There is a cont A change in status	inuing obligation to report any chang of address may require the student to	live in student housing pursu	Kentucky University Housing Office. Lant to the University's housing policies;
Falsification of thi			n disciplinary action and being charged
This form must b		est residence hall fee. It of Fall semester classes even	ry year until the residency requirement
		has been met.	<u> </u>
	Of	fice Use ONLY	
CBORD	E-Mailed	Address	HS
CSA	Charge		