



Office of Residence Life
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Loudonville, NY 12211
Tel: 518-783-2919
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PETITION FOR RELEASE FROM HOUSING

Do not submit if:

- You are withdrawing from Siena.
- Taking a Leave of Absence
- Participate in a Study Abroad Program
- Graduating in January

If any of the above, submit the Siena Housing Cancellation Form

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Your signature on the Housing License Agreement or your acceptance of an assigned space or room key signifies your agreement to and acceptance of all the terms of the Housing License Agreement. The Housing License Agreement requires all full time students to live in college residence facilities.

If an extraordinary and unforeseen circumstance exists and all avenues of resolution have been exhausted, a student may file for a petition for release from the Housing License Agreement. (Roommate conflicts, finding preferable" housing, and/or not being assigned to your first choice accommodation are not valid reasons for release.)

CONDITIONS FOR REVIEW: When submitted, your request must include detailed official documentation supporting the claim, which will be reviewed by a committee. The committee will review your request *only* if the petition is complete and *all* required documentation is provided with the petition (phone numbers provided for the committee to contact is not acceptable documentation).

- Your completed petition will be reviewed within 7-10 business days of submission.
- Petitions submitted without documentation will be returned without review.

DOCUMENTATION: To be able to provide the most informed response, you are asked to provide a complete set of documents supporting your request. The documentation must validate that:

- 1) The situation has arisen since the submission of your Housing License Agreement.
- 2) The situation is beyond your control.
- 3) You have exhausted all resources to help resolve this situation.
- 4) The only solution to the situation is cancellation of your housing.

Examples of reviewable documentation:

Financial

- Official documents from financial institutions proving income loss, unexpected expense increases (ATM bank statements are insufficient Documentation), financial (tax records of most recent W2 for comparative analysis).
- Letters from employers verifying loss of employment
- Financial Aid letters or bank letters demonstrating denial of aid or loans.

Medical

- Letters from personal physicians, therapists or other medical professionals indicating your condition, how long you have been in treatment, why your condition prevents you from living in a college residence facility.

Other

- Official letters from Siena staff members (Residence Directors, Counseling Professionals, Academic Deans/Advisors) or other official professionals and/or documents which support your stated need for release from your license.

Please Note: Submitting reviewable documentation does not mean your petition will be approved.

IF APPROVED:

- You will be sent a written response indicating the effective date of your release.
- Refunds will be prorated based upon the number of days lived in housing up to the effective date of the release, even if you did not check into or you vacate Siena housing before the approved effective date.
- No release or refund will be made retroactively for any period before the effective date of your release.
- You will only be eligible for future Siena housing through the waitlist.

IF DENIED:

- You will be sent a written response indicating the reason your request was denied.
- You will continue to be responsible for all housing charges and obligations as defined in the Housing License Agreement.

Withdrawal from 2009-2010 Housing

COMPLETE THIS SECTION IN ITS ENTIRETY – Print Clearly

Name _____ SID# 901
Last First MI

Assignment _____ Room # _____ Cell Phone# _____

Where are you planning to reside if released?

Street _____ City _____ State _____ Zip Code _____

Briefly describe your reason for withdrawing.

I understand that if approved, I cannot participate in the 2009-2010 housing selection and that I am only eligible for future housing through a waiting list.

Signature

Date

Office Use Only

Database _____

Email Confirm _____

Reason _____

Staff Initials _____