



**RESIDENT LICENSE AGREEMENT (RLA)
LICENSE RELEASE REQUEST**

<p>OFFICE USE ONLY:</p> <p>Date Received: _____</p> <p>Received By: _____</p>
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<p>Student Information:</p> <p>Student ID # _____ Last Name _____ First Name _____</p> <p>Phone # _____ CU E-Mail _____ Bldg/Room # _____</p> <p>Reason for Requesting Release: _____</p> <p>Semester and Date Anticipated to Check Out: _____</p>

All License Release Requests MUST contain the following three items:

1. Completion of this form
2. A personal letter detailing the reasons you are requesting release from your RLA
3. Documentation from a third party supporting your request. Examples of documentation may include, but are not limited to:
 - Letter from a parent, guardian, health care provider, etc.
 - Correspondence from University records or University personnel
 - Letters of Acceptance from other institutions, programs, etc.

<p>By signing this form, I understand and acknowledge the following:</p> <ul style="list-style-type: none"> • I am responsible for providing all necessary information needed to process this request and failure to do so may result in a processing delay. • I understand submitting a License Release Request does <u>NOT</u> guarantee a release and is for the purpose of review only. • I understand and accept the following, <i>if I am approved for release from my RLA</i>: <ul style="list-style-type: none"> *My \$500 Housing Reservation Payment will not be refunded as outlined in the RLA. *I am responsible for completing the check out process with my Resident Advisor or Resident Director. *I will be billed for my room through the date of official check-out from my residence (or through date of License Release approval, whichever is later) AND through the last date of use of my resident meal plan (Randall Dining Commons meals or Panther Bucks), if applicable. <p>Student Signature: _____ Date: _____</p>
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For Internal Office Use Only

Request Reviewed By: _____ **LR Decision & Date: Approved** _____

Denied _____

Checkout Date: _____ **Pending** _____

Notes: _____
