

**LICENSE AGREEMENT CANCELLATION REQUEST FORM
TENNESSEE STATE UNIVERSITY**

Name of Applicant: _____ ID#: _____
Please Print: Last Name First Name

TSU P.O. Box Number: _____ Hall/Apt. _____ Room Number: _____

Students should check their campus post office boxes regularly since most housing correspondence to students is sent through campus mail. Students are responsible for appropriately responding to instructions delivered through campus mail.

I request cancellation of my TSU Housing License Agreement to become effective:
Term: _____ Effective Date: _____, for the following reason: (Please check only one)

Graduation _____ Withdrawal from the University _____ Academic Internship _____
Not attending School _____ Transferring to another college/university _____
Please specify: _____
(Requires written verification from your College/Internship site)

Request for release in the special exception categories requires additional documentation.

_____ Extenuating Health Concerns. A letter from a registered physician must accompany this request verifying that the medical condition requires that the student move off campus. Your independent physician may document claims of medical conditions; however, our school physician must validate condition.

_____ Financial Hardship. Evidence of a significant change in financial situation from the time the License Agreement was signed until the present date must accompany this request. In addition, if the student is planning to move home, a letter from the parents/guardian confirming that the student will be living in their home is also required.

_____ Marriage/Change in Composition of Family Unit. Changes I marital status and/or family unit are subject to review and Student is required to provide appropriate documentation within 30 days of the event.

_____ Other. (Please attach supporting documentation and a written explanation, if appropriate.)

All information on this form is true and complete to my knowledge. I understand that falsification of information can lead to my petition being denied. I understand that this is only a request and needs to be approved in writing if I am to be financially released from my License Agreement. (This form must be filled out completely for consideration, or it will be returned to the student.

Student's signature _____ Date _____

Director(s) fill in the appropriate item

The above named student: _____ Did not Check In _____ Checked in on _____ Checked out on _____

Director's signature _____ Date _____

Approved _____ Denied _____ (Reason for Denial) _____

Signature _____ Title _____ Date _____