



Residential Education and Housing
 Eickhoff 114
 The College of New Jersey
 2000 Pennington Road
 Ewing, NJ 08628

P) 609-771-2301
 F) 609-637-5165
 E) housing@tcnj.edu
housing.tcnj.edu

ANNUAL RESIDENCE HALL AND DINING SERVICE CONTRACT RELEASE REQUEST
CONTRACT RELEASE AND REFUND POLICY

The “Annual Residence Hall and Dining Service Contract” is a binding agreement. Once the contract is signed, the student is obligated to reside on campus for the entire academic year and is financially responsible for room and board fees for the contract period. Vacating a room, electing to commute or moving to an off-campus residence *does not qualify* as being released from the housing contract and does not make the student eligible for a room or board refund.

A student who can demonstrate significant medical hardship as determined by the Assistant Vice President of Student Services or designee after the contract is signed will be considered for a contract release on a case-by-case basis. Students who are approved to be released from their contract will be subject to the Contract Release Fee Schedule (<https://housing.tcnj.edu/2022-2023-contract-release-fee-schedule/>) and board will be refunded at the following rates, dependent upon meal plan selection:

- a. **A La Carte:** Students who select an A La Carte plan will be refunded based upon the actual usage of their meal plan points. **A student who is released from their spring term assignment will not receive any unused points from the fall semester.**
- b. **Meals Per Week:** Students who select the Meals Per Week board program will be refunded at a weekly rate for each week not in residence. The points will be refunded based upon the actual usage of their meal plan points. **A student who is released from their spring term assignment will not receive any unused points from the fall semester.**

All approved housing or meal plan refunds will be processed by the Housing office. Any financial adjustment will be reflected in PAWS within 5-10 business days.

SECTION A: STUDENT INFORMATION

Student Name: _____

PAWS ID: _____

TCNJ Email: _____

Home Phone: _____

Cell Phone: _____

Classification: _____ (Freshman/Sophomore/Junior/Senior)

Semester: _____ (e.g. fall 2022, spring 2023, fall 2023)

Room Assignment: _____ (e.g. EK-114)

Housing professionals are available for meetings to discuss the contract release process and your specific case. Would you like to schedule a contract release meeting?

Yes, I would like to schedule a contract release meeting.

Here’s my availability: _____

(You will receive an email to confirm the date and time of your contract release meeting within two business days after submitting this form.)

No, I do not want to schedule a contract release meeting.



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SECTION B: REQUESTED INFORMATION

1. Attach a detailed letter with your signature. The letter MUST answer the following questions:
 - What significant change has arisen in your medical status since you signed your housing contract?
 - How does your medical situation effect your ability to continue your obligation to the “Annual Residence Hall and Dining Service Contract”?
 - What steps have you taken to exhaust all options of being able to live on campus? (i.e. request for housing accommodation through the Office of Disability Support Services, meet with the Director of Culinary & Contract Services regarding your meal plan options, etc.)
 - What is your housing plan if you are to be released from TCNJ Housing?
2. 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 the professional’s official medical practice letterhead must include:
 - a) A diagnostic statement including the date of most recent evaluation.
 - b) The diagnostic criteria or tests used.
 - c) The current impact of or limitations imposed by the diagnosis.
 - d) Treatments, medications, devices, or services currently prescribed or used to minimize the impact of the challenge.
 - e) The expected duration, stability or progression of the diagnosis.
 - f) Credentials of the diagnosing professional, including contact information.
 - g) The signature of the certifying professional.

* While the Department of Residential Education and Housing understands the nature of medical confidentiality and privacy laws, if a request for a contract release is to be given full and appropriate consideration, then the above documentation and the ability to contact the certifying professional may be essential. It is the responsibility of the student to notify the certifying professional’s office of the need for the above information and to provide that office with any required privacy release documentation.

SECTION C: PROCEDURE FOR CONTRACT RELEASE REQUEST

This form, your detailed letter and all relevant documentation must be submitted to our office at the same time. Any information acquired through the contract release process will be shared among the members of the Contract Release Committee and will be maintained as an education record subject to privacy protection under FERPA. **Provided that the materials submitted are complete, students can expect a decision within 5-10 business days from the date received by our office.** However, if further information is needed you will be contacted by the Contract Release Committee, potentially delaying the time needed for the committee to make its decision. All decisions will be sent to the student’s TCNJ email address. Students who are approved for a contract release while in residence will receive an email with instructions on how and when to move out.



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ACKNOWLEDGEMENT

By signature of this form I acknowledge and accept the following:

1. I have read this form in its entirety.
2. I understand that this is a request to be released from the "Annual Residence Hall and Dining Service Contract" and that the release may not be granted.
3. I recognize that if I am to be released from the "Annual Residence Hall and Dining Service Contract" that I will be assessed a room charge as outlined by the "Contract Release Fee Schedule."
4. I verify that all the information I submitted is true and accurate and I understand that the Contract Release Committee has the right to seek clarification from other departments regarding my request to be released from the "Annual Residence Hall and Dining Service Contract."
5. If I am approved for release from the "Annual Residence Hall and Dining Service Contract" while in residence, I understand that I must vacate my room, sign the paperwork, and return my key(s) to the Area Office by the designated due date. Otherwise, I may be charged for a lock change and/or cleaning of the room.

Student Signature : _____ Date: _____

FOR OFFICE USE ONLY

Received Date: _____

Release Request Status: Approved Declined

Release Approval Signature: _____ Effective Date: _____