

**IOWA WESTERN COMMUNITY COLLEGE
OFFICE OF RESIDENCE LIFE CONTRACT RELEASE FORM**

Iowa Western Community College regards its contract for housing as a legal document. When the contract is signed and returned by the student the institution is committed to provide the housing service specified. This also obligates the student to make payment for the services received under the terms of the contract. This contract encompasses the entire academic year.

The Office of Residence Life is committed to the belief that all aspects of life are learning experiences. We expect the students to be knowledgeable about the obligations they make in addition to understanding and accepting the consequences when they cannot fulfill their responsibilities.

Completing this form does not guarantee a Residence Life refund. This form will add your name to a list to have your space in housing filled (not physical space). You are financially responsible until your space on campus has been filled by another student. Cancelling your housing contract will result in a forfeit of your housing deposit.

I READ AND UNDERSTAND THE ABOVE PARAGRAPHS. Student Signature: _____

Student Name: _____ Student ID Number: _____

Campus Address: _____

Permanent Address: _____

Phone: _____

Canceling Contract: ___ Fall 20___ ___ Spring 20___ ___ Summer 20___

YOU MUST SCHEDULE A CHECK-OUT TIME WITH A RESIDENCE LIFE COORDINATOR

Check-Out Date: _____

REMEMBER TO CONTACT THE REGISTRAR'S OFFICE TO CANCEL YOUR COURSES IF YOU ARE LEAVING IWCC

The following reasons for requesting a contract release require proper documentation within 10 business days of submitting the form:

- ___ Medical ___ Transfer ___ Financial Aid Termination
___ Military ___ Graduation ___ Academic Release (practicum or internship)

**ALL STUDENTS MUST PROVIDE AN EXPLANATION FOR THEIR REQUEST BELOW:
(If more space is needed please attach additional sheets)**

Information supplied on and with this request is, to the best of my knowledge, accurate in every detail.

Student Signature: _____ Date: _____

THIS FORM MUST BE REVIEWED AND SIGNED BY A RESIDENCE LIFE COORDINATOR IN YOUR COMMUNITY AREA.

I have met with the above student and have reviewed the cancellation process. I have provided as much assistance as I can.
Residence Life Coordinator: _____ Date: _____
Date and time of meeting: _____