**UNIVERSITY OF NEVADA, RENO**  
**RESIDENTIAL LIFE, HOUSING AND FOOD SERVICE**  
**REQUEST FOR RELEASE FROM LICENSE AGREEMENT**  
**FAX NUMBER 775-784-1149**

Date: ____________________

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>ID #</th>
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<tr>
<th>Hall</th>
<th>Room#</th>
<th>Cell Phone #</th>
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Email Address

( )

Forwarding Address Street and Apt # if applicable  
- Address you will be moving to if released

Forwarding Home Phone #

City, State, Zip

**Number of credits enrolled in at UNR** _____  
Current Class Standing: ☐ FR ☐ SO ☐ JR ☐ SR ☐ IELC ☐ GRAD

Which of the following have changed SUBSTANTIALLY since you signed the license that makes it impossible for you to meet your obligation(s)? Check any that apply.

☐ Withdrawal from UNR & TMCC  ☐ Graduation  ☐ Foreign study/Student teaching outside of the Reno area  
☐ Other: (Specify & Supporting Documentation) ____________________________________________

**Supporting Documentation**

Attach letter of explanation and documentation to the back of this sheet to support your request.

**NOTICE:** Do not vacate premises until such time as you are notified of action taken.

If approved, I would plan to move out of the hall effective on

Month  Day  Year

If this request is approved, you are required to contact your RA, return all keys, and follow check-out procedures. If approved, your present room assignment will be released. If you wish to remain living on campus, please contact the Residential Life, Housing and Food Service office to be assigned a new space. A decision will be available after 10 working days of submission by contacting the Residential Life, Housing and Food Service Office.

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**FOR OFFICE USE ONLY**

Release Granted: _____ Yes _____ No

Additional Information Requested:

________________________________________

☐ Forfeit Security Deposit  
☐ CX Assess Charges ________  
☐ CX Meal Plan ________  
☐ Meal Plan Only ________  
☐ Meal Plan Only Contract required

Initial: __________ Date: __________  

Routing:  \Director  \Student Accounting  \Copy to File

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Signature of Student

________________________________________

Date

Removed from Bed__________