



PETITION TO BREAK LICENSE AGREEMENT

Hardship/Extraordinary Circumstances

(Staying At SSU)

Residential Education and Campus Housing
1801 East Cotati Avenue
Rohnert Park, CA 94928
Tele: (707) 664-2541/Dial 711 Relay
Fax: (707) 664-3716
housing@sonoma.edu

RESIDENT'S INFORMATION

Name:		Seawolf ID:	
Home Address:		Email:	
City, State, Zip:		Room Assignment:	
Contact Phone:		Campus Box #:	
Forwarding mailing address for your mail?			
What Term?	Fall Spring	Planned Move Out date if approved?	

MARRIAGE /DOMESTIC PARTNERSHIP

☐	If you are requesting to vacate because of marriage an official marriage or domestic partner certificate is required. Please attach a copy of the certificate. Date of Ceremony: _____ Planned Move Out Date: _____ Is your certificate attached? ☐ Yes ☐ No If No, when will you provide the certificate?
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MEDICAL REASONS

☐	Check this box if you are requesting to vacate due to a medical condition. Please submit a medical note from your physician or mental health provider stating your diagnosis, when you were diagnosed, if it was pre-existing or a new diagnosis, and why living off-campus will improve your medical condition. Also complete the Request to Vacate Statement section on page 2 to describe the impact campus housing has on your condition.
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FINANCIAL REASONS

☐	Check this box if you are requesting to vacate due to financial reasons. Moving off campus to secure cheaper accommodations is not an acceptable reason for requesting to vacate the Residential Community. You must explain and provide verifiable documentation for the financial hardship that has occurred after you signed your license agreement and was not within your ability to avoid. You must demonstrate that all resources have been exhausted to help resolve the situation. Complete the Request to Vacate Statement on page 2 and attach your verifiable documentation. Indicate when the financial situation began.
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PERSONAL REASONS

☐	Check this box if you are requesting to vacate due to personal reasons. <i>Reasons relating to your living arrangements on campus will require you having exhausted all of your resources or options on campus prior to your request being reviewed. If your reasons are due to non-University related events, then you must provide verifiable documentation supporting your case. Depending on the situation, you may be required to submit additional information, meet with a committee, or with a REACH administrator. Complete the Request to Vacate Statement on page 2 and attach your verifiable documentation. Indicate when your personal situation began.</i>
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ACKNOWLEDGMENT

I have read the "Guidelines for Petitioning to Vacate the Residential Community" and fully understand that Residential Education and Campus Housing does not recommend signing any off-campus lease until your Petition has been approved officially. Any "intentional" behaviors resulting in your license agreement being terminated will suffer additional disciplinary and monetary ramifications. *If approved, a thirty days notice is required to avoid a \$250 service fee. Requests to vacate for the Spring semester need to be submitted by November 15 to avoid the \$250 service fee.*

Resident's Signature:		Date:	
For Office Use Only			
Received By:		Date Received:	
Approved By:		Charge Rent Till:	
Date PTV Withdrawn:		Charge \$250:	Yes / No

REQUEST TO VACATE STATEMENT – For all requests please complete this section

Provide a detailed reason for your request to vacate the Residential Community. If you need more space please attach another sheet.

FOR OFFICE USE

Notes from AC			
Date Email Sent to AC:		Name of AC:	
Notes		AC Response Received:	

Correspondence History	
Date:	
Date:	
Date:	
Date:	
Date:	