SUFFOLK
UNIVERSITY

DEPARTMENT OF RESIDENCE LIFE
& SUMMER PROGRAMS

FOOD AND HOUSING PETITION
Please print legibly.

NAME: _____ **ID#:** _____

CAMPUS ADDRESS: _____
building *room* *mailbox #*

E-MAIL: _____
We will be communicating via e-mail, so please list an address that you check regularly.

TELEPHONE: _____
(area code)

1. **DO YOU WISH TO BE PRESENT AT THE HEARING?** YES_____ NO_____ *(Failure to indicate yes or no will result in NO hearing appointment, but your petition will be reviewed by the Board.) Only class schedules will be consulted when scheduling an appointment if requested.*

2. **I am petitioning for (check all that apply):**

___ Release from Housing License Agreement (including meal plan) effective (date): _____

___ Release from the Meal Plan ONLY effective (date): _____

3. **I am petitioning for the following reasons (check all that apply):**

____Financial Inability – you must provide substantial documentation regarding your financial status and inability to pay for on-campus housing.

____Medical Inability – you must provide substantial documentation from a physician who is currently treating you addressing why you can not live in a residence hall.

____OTHER(Specify): _____

4. **<u>On an attached sheet,</u>** please expand on the reasons for your petition and/or provide necessary information for the Board to consider in reviewing your petition.

I have received and understand the information included in the petition packet and give the Housing and Food Petition Board permission to discuss any confidential information that may pertain to my request for withdrawal from my housing and/or meal plan contract.

SIGNATURE:_____ DATE:_____

SUBMIT THIS PAGE WITH ALL SUPPORTING DOCUMENTATION TO THE RESIDENCE LIFE & SUMMER PROGRAMS OFFICE.