

**MEAL PLAN FINANCIAL
RELEASE FORM**

Name (print): _____ Stud ID: _____ Campus Phone: _____
Current E-mail: _____ Cell/Home Phone Number: _____
Current Housing Assigned Building: _____ Room _____ Class Year: _____
Home Street Address _____ Home City/State/Zip _____

GENERAL INFORMATION

The Financial Aid Office will assist in the review of your changed financial circumstance as it relates to your Housing/Dining contract request. Financial Aid will assess your situation and provide input to the committee.

To best assist the verification of your financial circumstance and assist in the understanding of your release request, please provide:

QUESTION

Please explain why a release from the UMass Dartmouth Housing/Dining contract is necessary. **Specifically** indicate how your financial circumstance has changed since the original signing of your Housing/Dining contract.

Mail or Fax completed form to:

UMass Dartmouth
Campus Services
Attn. Director of Campus Services
285 Old Westport Road
North Dartmouth, MA. 02747
Fax #: 508 999 8626