

**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.

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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