Request To Terminate Student Housing Contract Form

Resident Information

Last, First, M.I. _____________________________
Building _____________________________ Apartment Number _________
Phone number (day) _____________________________ Phone number (eve) _____________________________
Email address _____________________________

Reason for Request to Terminate Student Housing Contract:

☐ Medical
(please explain):____________________________________________________________

☐ Legal
(please explain):____________________________________________________________

☐ Familial
(please explain):____________________________________________________________

☐ Other
(please explain):____________________________________________________________

Student Signature _____________________________ Date _____________________________

For Office Use Only:

Date Rec’d by Office:_____/_____/_______
Date Pro Staff Meeting w/ Student:_____/_____/_______
Result of Request:_____________________________________________________________________________________________
Date of Notification/Outcome to Student:_____/_____/_______

Student Housing Professional Staff _____________________________ Date _____________________________