

# REQUEST TO CHANGE ROOMS IN STUDENT HOUSING

Last Name:	First Name:	Initial:
Student ID Number:	Room Number:	Student Housing: <input type="checkbox"/> Tenth Street <input type="checkbox"/> Kekuli House
Requested New room number:	Date of Move:	Date (Confirmed by Office):

**Reason for Move** (please check all that apply)

- Roommate issues
- Medical Reasons (Requires copy from medical Professional stating reasons for move)
- Did not meet expectations
- Other

If 'Other' please state the reasons:

*All room moves must be complete within 24 hours of approval. Those taking longer than 24 hours to move will be assessed \$25.00 (for each room) for each additional night the student occupies both rooms.*

## OFFICE USE ONLY

**Please check and complete all boxes.**

- Paid room move fee of \$100.00 (attached Receipt copy)
- Completed room inspection form (old room) per move out policy  
(any cleaning or damage charges MUST BE PAID PRIOR to moving to new room).
- Complete room inspection form (new room)
- Bedroom door locked
- Keys returned

\_\_\_\_\_  
Approving Manager Signature

\_\_\_\_\_  
Date (yy/mm/dd)