

DEPARTMENT OF RESIDENCE LIFE & HOUSING CONTRACT CANCELLATION FORM FALL 2014/SPRING 2015

CSU ID#: _____ ROOM ASSIGNMENT: _____ MEAL PLAN: _____

NAME: _____ DATE OF BIRTH: _____

PERMANENT ADDRESS: _____

TELEPHONE: _____

REASON FOR CANCELLATION: _____

This is to certify that I, _____, am currently a party to a **Residence Hall Contract and Meal Plan Contract** for the academic year of 2014/2015 and I now desire to cancel those Contracts. I certify that **I understand I will waive my financial liability and responsibility under the Residence Hall Contract**, except the Deposit Forfeiture Policy and Contract Breakage Fee as written in Section B.3 and Section P of the Residence Hall Contract.

Student Signature Date

Parent/Guardian Signature (If student is under 18) Date

→FOR OFFICE USE ONLY←

AMOUNT DUE _____

RELEASED ____/____/____

- | | |
|---|---|
| <input type="checkbox"/> Cancellation processed on Spreadsheet | <input type="checkbox"/> Application Pulled/Cancelled |
| <input type="checkbox"/> Room Unassigned/Name removed from Roster | <input type="checkbox"/> Update MRI |
| <input type="checkbox"/> Update Peoplesoft Account | |
| <input type="checkbox"/> File Folder marked for Cancellation | |
