



DEPARTMENT OF RESIDENCE LIFE

CONTRACT CANCELLATION FORM

FALL 2019/SPRING 2020

CSU ID#: _____ BLDG/ROOM: _____ MEAL PLAN: _____

NAME: _____

PERMANENT ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

SEMESTER(S) YOU WISH TO CANCEL: Fall 2019 Spring 2020

REASON FOR CANCELLATION (check one): No longer attending CSU Graduating from CSU

Military Service Living Off-Campus

This is to certify that I, _____, am currently a party to a Residence Hall Contract and Meal Plan Contract for the academic year of 2019-2020 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 3 of the Residence Hall Contract.

Student Signature Date

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

→FOR OFFICE USE ONLY←

AMOUNT DUE _____

RELEASED ____/____/____

- Cancellation processed on Spreadsheet
- Room Unassigned/Name removed from Roster
- Update Peoplesoft Account
- File Folder marked for Cancellation

- Application Pulled/Cancelled
- Update MRI