

# HOUSING CANCELLATION FORM

1

## RESIDENT INFORMATION

NAME \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

STUDENT ID # \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

## HOUSING AND DINING INFORMATION

I AM CANCELING MY ON-CAMPUS HOUSING ACCOMMODATION FOR:

FALL  WINTER BREAK  SPRING  SUMMER  \_\_\_\_\_

HALL NAME \_\_\_\_\_ ROOM NUMBER \_\_\_\_\_

I currently have a Meal Plan:  No  Yes \*

\*Would you like to cancel your Meal Plan?  No  Yes

I plan to check out of my room no later than this date (if already moved in): \_\_\_\_\_

## FORWARDING MAILING ADDRESS

NEW ADDRESS \_\_\_\_\_  
STREET CITY, STATE ZIP CODE

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

2

## PLEASE SELECT ONE (1) REASON WHY YOU ARE CHOOSING TO CANCEL YOUR HOUSING CONTRACT

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>FINANCIAL</b>                                | <b>ACADEMIC</b>  | <b>PERSONAL</b>                                    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Housing Cost           | <input type="checkbox"/> Graduation                                | <input type="checkbox"/> Withdrawal from UAF       |                                      |
| <input type="checkbox"/> Meal Plan Cost         | <input type="checkbox"/> Academic Probation                        | <input type="checkbox"/> Medical Withdrawal        |                                      |
| <input type="checkbox"/> Financial Hardship     | <input type="checkbox"/> Study Abroad                              | <input type="checkbox"/> Living with Parents       |                                      |
| <input type="checkbox"/> Financial Aid Withheld | <input type="checkbox"/> Academic Related Internship               | <input type="checkbox"/> Moving Off Campus         |                                      |
|   | <input type="checkbox"/> Transferring to _____<br>(Name of School) | <input type="checkbox"/> Military Service          |                                      |
|   |  | <input type="checkbox"/> Death in Immediate Family |                                      |

3

## PLEASE READ THE INFORMATION BELOW AND INITIAL BESIDE EACH STATEMENT AS ACKNOWLEDGMENT & AGREEMENT

- |  |  |
|--|--|
| <input type="checkbox"/> If I currently live on-campus, my refund is contingent upon moving out and properly checking out with a Residence Life staff member. I must sign up for a check out time with my RA. Failure to do so may result in additional charges to my account. | <input type="checkbox"/> If I have a debt to the University any money I may be due will be applied to my University debt first.  |
| <input type="checkbox"/> Room and Board charges will not be adjusted or removed from my University account until I completely checkout of my room.   | <input type="checkbox"/> Any funds due to me will be processed electronically, sent by mail or refunded to the credit card used and may take up to 4 weeks to receive. |

RESIDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

i

## OFFICE USE ONLY

Confirmation Code: \_\_\_\_\_ Forfeit Deposit:  Yes  No Penalty (%)  0  10  25  50  75  100

CIRCLE ONE: ADMINISTRATIVE // EMAIL // PHONE // WALK-IN Accepted By: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Administrative Changes: \_\_\_\_\_ Additional Comments: \_\_\_\_\_

DINING SERVICES NOTIFIED  ROSTER UPDATED  POLAR EXPRESS UPDATED  CANCELLATION COMPLETE  
THD UPDATED  DEPOSIT RELEASED  DEPOSIT FORFITED  BED REACTIVATED