

HOUSING CONTRACT RELEASE REQUEST

DATE

PLEASE PRINT

NAME

CURRENT ROOM
(HALL AND ROOM NUMBER)

PHONE NUMBER

E-Mail Address

DOUBLE
SINGLE
(CIRCLE ONE)

I hereby request release from my Cumberland University Housing Contract in effect for

___ Fall 20___ ___ Summer 20___ ___ Spring 20___ ___ Other ___

REASONS FOR REQUEST

I will be residing at home and commuting to school for the above stated semester/school year. I understand that if I do not reside at my home address during the stated semester/school year that my housing contract with Cumberland University may be reinstated effective the date I was released.

Please forward any
Housing deposit
refunds to:

I understand that room assignment changes are at the discretion of the Cumberland University Department of University Housing and that if I move, change rooms, or in any way alter my room assignment without the expressed authority of the Cumberland University Department of University Housing, I may be subject to a financial penalty for unauthorized room changes that may be deducted from my housing deposit. I further understand that refund of any housing fees paid is at the sole discretion of the University.

Signature:

Signature of Head Resident

Date

Approve

Disapprove

Signature of Coordinator of Residence Halls

Date

Complete this form, copy it, and
return to your Head Resident.

(HOUSING OFFICE USE ONLY)