# CONTRACT TERMINATION REQUEST FORM
(Current Residents Requesting to Cancel After Moving Into Residence Hall)

<table>
<thead>
<tr>
<th>Resident First Name:</th>
<th>Resident Last Name:</th>
<th>Student ID#:</th>
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<tr>
<th>Resident Cell Phone Number:</th>
<th>Resident Permanent Address:</th>
<th>Hall:</th>
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<tbody>
<tr>
<td></td>
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<td>Room:</td>
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Terminations are not automatic and are made at the discretion of the Director of Residence Life or their appointed designee. Residents are required to submit their request form and are responsible for providing additional documentation that substantiates the reason to request contract termination to the Department of Residence Life. The Department of Residence Life is located on the Southeast side of Hathorn Hall. Our hours are 7:45am-4:30pm, Monday-Friday. Termination requests will not be processed until request form and supporting documentation are received. Students who vacate the residence halls without approval become liable for fees associated with unapproved terminating the contract.

## SPECIFIC VACATE DATE
Indicate the specific date that you plan to checkout: _______________________________

## REASONS FOR TERMINATION REQUEST (Check all the reasons that apply.)
- Loss of student status as defined as transferring to another school, suspension, withdrawal or failure to attend.
- Assignment to a University sponsored internship, research, or other University program that requires living away from River Falls.
- Completion of graduation requirements during the term of the contract.
- Marriage or parenthood. Presentation of certificate(s) required.
- Call to active military duty. Documentation is required.
- Other. Detailed explanation and/or documentation is required.

Vacating residents are required to check out with appropriate Hall Staff. See the Moving Out page on the Residence Life website.

**Please read this statement carefully before you sign and submit your request:**
I am aware of the Department of Residence Life Cancellation of Residence Hall Contract by Resident Policy. I understand if I receive approval for one of the above circumstances this contract will be cancelled. Any remaining charges will be prorated to the Resident’s student account based on the date of checkout. Cancellations without approval of the Director of Residence Life or their designee will result in a breach of contract. In this case I will be responsible for 85% of the remaining cost of the 2016-17 academic year contract based on check out date and forfeit the $100.00 deposit.

_________________________________________   ___________________________
Resident Signature                           Date

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### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Approved Date:</th>
<th>Not Approved Date:</th>
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