

# DORMITORY WITHDRAWAL FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

H Number: \_\_\_\_\_

DORMITORY AND ROOM NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

KEY RETURNED:      YES      NO

ID RETURNED:      YES      NO

REASON FOR WITHDRAWAL: \_\_\_\_\_

Describe any damage to the room that should be assessed:

\_\_\_\_\_  
\_\_\_\_\_

CHARGE ASSESSED: \$ \_\_\_\_\_

DORMITORY SUPERVISOR SIGNATURE: \_\_\_\_\_

DIRECTOR OF HOUSING SIGNATURE: \_\_\_\_\_

REVISED 4/24/18