

Connecting you to what you need.

Building/Room Change Request

Name: _____ GCID: 911-_____ Semester: _____

Current Assignment: _____ Contact Phone: _____
Building Room/Apt

Current Roommate(s)*: _____
Signature Date

Signature Date Signature Date

Intended Roommate(s)*: _____
Signature Date Building/Room

Signature Date Signature Date

**Leave blank for 1 bedroom apartments and single rooms*

Office Use Only:	
<u>Current Assignment</u>	
Building: _____	Apt/Room: _____
<input type="checkbox"/> Triple <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Double as Single <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 1 Bedroom	
Current Hall Director: _____	_____
<small>Signature</small>	<small>Date</small>
<u>New Assignment</u>	
Building: _____	Apt/Room: _____
<input type="checkbox"/> Triple <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Double as Single <input type="checkbox"/> 4 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 1 Bedroom	
New Hall Director: _____	_____
<small>Signature</small>	<small>Date</small>

I understand that it is my responsibility to ensure that I have completed the entire room change process including returning the appropriate keys and swipe cards and filling out all necessary paperwork with the building staff. I also understand that my move may result in additional costs. I agree to pay the additional charge, per the rate, and that payment is due within five (5) business days of my move (i.e. triple to double to single, 4 bedroom to 2 bedroom to 1 bedroom, residence halls to *The Village Apartments*).

Student Signature Date

This move must be completed and appropriate paperwork completed by the date and time listed below. Failure to move by this deadline may result in additional charges for occupying two spaces.

Date: _____ Time: _____
Student's Initials