EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF HOUSING AND RESIDENCE LIFE
P.O. BOX 70723
JOHNSON CITY, TENNESSEE 37614-1710
TELEPHONE: (423) 439-4446 • FAX: (423) 439-4690

EAST TENNESSEE STATE UNIVERSITY
Department of Housing and Residence Life

FALL 2019- SPRING 2020 PRIVATE ROOM AGREEMENT

PRINT YOUR FULL LEGAL NAME

I, _____, accept a private room in
FIRST **MIDDLE** **LAST**

_____ _____
RESIDENCE HALL **ROOM #**

By signing this agreement, "I agree", you agree to pay the private room rate which is posted on our webpage for each semester.

I understand that I may cancel the private room agreement until **July 31, 2019, without penalty**. After **July 31, 2019**, and/or payment of rent, I would be obligated to the agreement and would receive no refund, even if I decide to accept a roommate or move to another room.

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT THIS

DATE _____

UNIVERSITY OFFICIAL

_____
Housing Official's Signature

STUDENT

_____
Student's Signature

E_____
Student's ETSU ID Number (not SSN)

_____
Parents/Guardian's Signature of Student under Eighteen Years of Age