

REQUEST TO MOVE FORM

PLEASE PRINT FULL LEGAL NAME

NAME _____

First

Middle

Last

UNIVERSITY I.D. # E _____

GENDER (Circle) MALE FEMALE

CELL PHONE # _____ / _____

ETSU email _____ @etsu.edu



I am requesting:

A Private Room (double the cost)

A Double Room (with roommate)

I am requesting a specific room.

Details: _____
I will be emailed to confirm that I still want the room once it is available. If I do not respond, my request will be cancelled.

I am requesting ANY room that becomes available.

<input type="checkbox"/> CARTER (FEMALE)	<input type="checkbox"/> CARTER APT. (FEMALE)	<input type="checkbox"/> CENTENNIAL (CO-ED)
<input type="checkbox"/> CENTENNIAL EFFICIENCY (CO-ED)	<input type="checkbox"/> CLEMENT (CO-ED)	<input type="checkbox"/> DAVIS (CO-ED)
<input type="checkbox"/> DOSSETT (MALE)	<input type="checkbox"/> GOVERNORS (CO-ED)	<input type="checkbox"/> LUNTSFORD (FEMALE)
<input type="checkbox"/> POWELL (MALE)	<input type="checkbox"/> STONE (CO-ED)	<input type="checkbox"/> WEST (FEMALE)

CHECK ONE BOX ONLY

I am requesting this move for
Spring 20 ____.

I UNDERSTAND THAT I AM PLACING MY NAME ON THE REQUEST TO MOVE LIST. I UNDERSTAND THAT I CAN CANCEL THIS REQUEST IN WRITING (EMAIL, FAX, OR LETTER) BEFORE BEING RE-ASSIGNED.

REQUESTED ROOMMATES FULL LEGAL NAME _____

University I.D. E# _____

SIGNATURE _____

ROOMMATES HAVE REQUESTED EACH OTHER

DATE _____

FOR OFFICE USE ONLY

FROM		TO	
ROOM		ROOM	

FOR OFFICE USE ONLY

DATE ____/____/____

TIME _____ am pm

