

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



SPRING 2019 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 **January 7, 2019, without penalty**. After **January 7, 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

STUDENT

Housing Official's Signature

Student's Signature

E_____
Student's ETSU ID Number (not SSN)

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