



Lease Contract Cancellation Request Form

Today's Date:	Desired Move-out Date:
Resident Name:	Unit/Room #
Guarantor Name:	

Please read carefully before completing entire form and print legibly.

- **This application implies no guarantee of release from your lease contract.**
- **No application will be processed or reviewed if incomplete, and without all the proper documentation attached.**
- **You remain obligated to all the terms of your lease contract until otherwise notified in writing by management.**
- **If you vacate your unit before any decision can be determined, you will be held responsible for all financial terms of your lease contract.**
- **It is advised that you review the termination clause of your lease contract before completing this form.**

Resident Information	Guarantor Information
Email:	Email:
Phone # ()	Phone # ()
Permanent Address:	Permanent Address:

Check all that apply below. You must provide supporting documentation with your request or it will not be reviewed by management.

- No longer enrolled in school or any other school in the surrounding area as of ____/____/____
 Due to: Medical reasons
 Financial reasons
 Academic Probation/Dismissal
 Transferring to another School _____
(Name of Institution)
- No longer employed with the institution as of ____/____/____
- Other Please explain: _____

Resident Signature: _____

OFFICE USE ONLY	
Date Application Received:	Received By:
<input type="checkbox"/> Approved	Settlement Amt.: \$
<input type="checkbox"/> Denied due to:	
GM Signature	Date:
Decision Letter Sent on: / /	<input type="checkbox"/> Emailed <input type="checkbox"/> Hand Delivery <input type="checkbox"/> USPS
Routed to Finance on: / /	Appeal Request Received on: / /