Housing Cancelation Form

Name:_____ ID #_____
First MI Last

Campus Address:_____ Current Meal Plan:_____ Meals/ Week
Building Room

_____I would like to cancel my housing _____I would like to cancel my meal plan

_____I Would like to change my meal plan to _____Meals/week

By completing this form I _____ wish to inform
First and Last Name

Holy Family University that I am canceling my University Housing. I understand that by canceling my housing I will forfeit my $300.00 housing deposit. I will return my keys and have all of my belongings removed from my room suit or apartment by the date stated below. I understand that I am responsible for contacting Residence life to arrange a check out appointment.

Reason for Cancelation:

_____

Check out date: _____ Signature:_____