REQUEST TO CANCEL HOUSING CONTRACT: FALL 2019 - SPRING 2020

Check the section below which corresponds with your reason for requesting cancellation of your Fall 2019 – Spring 2020 VCU Housing Contract. Communications to you from VCU Residential Life & Housing and the offical decision regarding your cancellation request will be sent via the VCU student email system within 15 business days. Provide your VCU email address below, NOT your personal email address. Please note submission of this form does not imply automatic cancellation of your housing contract. Please refer to the Fall 2019 – Spring 2020 Housing Contract for complete details regarding cancellation policies, available online at www.housing.vcu.edu located under the resource tab.

Name	VCU Student "V" ID Number	
Permanent Home Address		
VCU Student Email Address	Cell Phone (include Are	ea Code)
VCU Housing Assignment (Residence Hall a	nd Room Number)	
Date of form submission	Date form received	(office notation
Pleas	se check the appropriate box below.	
	g 2020 semester – Requesting cancellation of Housine: This form must be received in our office by close nailed to the student.	0 0
VCU housing contract after the 5 business of attachment, provide circumstances or issues	g 2020 semester . You are requesting cancellation of day cancellation period. On the back of this form, or you wish to be considered in support of your request does not imply automatic cancellation of your hous	r on a separate to cancel your contract. Please
your 2018 - 2019 VCU housing contract. Opposite circumstances or issues that you will	Dilment at VCU for Fall 2019 - Spring 2020: You On the back of this form, or on a separate attachmen ish to be considered in support of your request to ca is form does not imply automatic cancellation of you	t, ancel your contract.
Current student who is transferring: (and 2019 – Spring 2020 VCU housing contract.	d therefore ending enrollment at VCU) You are reques	ting cancellation of your Fall
	nd therefore ending enrollment at VCU) You are reques . Please provide a small description as to why you are	
	al Rotation (check one). You are requesting canceract due to the reason checked. You must attach a coity department.	
Student Signature:	Today's Date:	

