

FAMILY HOUSING WITHDRAWAL FORM

NAME OF LEASEHOLDER:	STUDENT NO:
EMAIL ADDRESS:	
UNIT NUMBER:	I 1-Bed Apt I 2-Bed Apt I 2-Bed Town I 3-Bed Town
TELEPHONE NUMBER:	
DATE SUBMITTED:	DEPARTURE DATE:
FORWARDING ADDRESS: (THIS IS THE ADDRESS THAT YOUR SECURITY DEPOSIT REFUND WILL BE SENT TO)	
note that the only information we will pro- -When you -Note, we w	of Victoria Residence Services to provide information to future landlords regarding your stay on campus? Please ovided is: stayed in Family Housing, and if your Account is cleared vill not give any character references and/or behavior conduct history mation will only be supplied up to 6 months from departure date
Circle your response: YES NC	n de la companya de l
TENANT'S SIGNATURE:	
The Student may terminate this Ag	reement by:
	rawal form at least 30 days before the date of termination which notice shall be given by noon on or by of a calendar month, to take effect on the last day of the ensuing calendar month
allow the Premis	Il end at noon on the day of termination. Once notice of termination is given, the Student agrees to es to be shown to any and all prospective Students at all reasonable times, subject to 24 hrs notice sity. THIS AGREEMENT MAY ONLY BE TERMINATED BY THE STUDENT IN ACCORDANCE AGRAPH.
FOR OFFICE USE ONLY	
	t Bldg Key □ Mail Key □ Laundry Key □ Ref. Info in STG □ Remove p/d Cheques □
Damage deposit rfnd:	Charges against deposit:
Rfnd chq requested:	Cancel CC auth/ResNet:
Other:	