



**INTENT TO VACATE PETITION
FAMILY HOUSING**
Deadline: 30 days prior to move-out date

Name: _____ Phone: _____ Apt: _____

New Address: _____
Street City State Zip

****If you will be receiving a refund, it will be sent to your permanent address in Banner. Please make sure it is updated.**

Email Address: _____ Student A#: _____

Signature: _____ Date of Check-out: _____

1. Submitting this form with less than 30 days notice will result in forfeit of the deposit and/or additional penalties if deposit is already forfeited for other contractual reasons.
2. *It is your responsibility to schedule a check-out appointment* as outlined on the Cleaning Procedures form. Failure to check-out properly could result in forfeiture of your deposit as well as additional rent or other charges.
3. Moving out of Family Housing at any time other than the end of the contract period could result in additional termination fees. Please check with the Housing staff if you have any questions.

Note: If proof is required (see below), it must be submitted before you check out of Housing.

PLEASE CHECK THE APPROPRIATE BOX:

- End of Contract** – Moving out at the end of the normal contract period.
- Graduation/University-required Internship/Visiting Faculty** – The resident must submit written verification of Internship or End of Staff Visit from the Registration Office or from the appropriate Department Head or Dean. Graduation will be verified by Housing office in Banner. *Proof must be submitted before you check out of Housing.*
- Withdrawal from USU** – Housing office will verify in Banner. Security deposit will be forfeited.
- Military Withdrawal** – The resident must submit photocopies of military orders. Housing will verify resident's withdrawal from USU in Banner. *Proof must be submitted before you check out of Housing.*
- Severe Medical Condition** – Medical withdrawal requires the signed approval of a licensed, practicing physician and proof of withdrawal from Utah State University. All medical withdrawals will be reviewed by a USU Student Health Services physician. The student's attending physician must provide a written, detailed diagnosis documenting why this condition warrants release from the Family Housing contract. *Proof must be submitted before you check out of Housing.*
- Contract Cancellation** – Request for cancellation of Family Housing contract has been submitted.
- Transfer to another on-campus apartment. New apartment:** _____

Housing Staff Signature: _____ Date: _____

RMS #: _____