

Express Check-Out Form

Student Name:	Room #:
Residence Hall:	Room Side:
Permanent Address:	
Permanent Phone #:	
·	pedite your leaving of the residence halls. This process is rs. The following conditions must be met to be considered
•	n from your RA or the Housing Office
4. Parking permit is attached to the I	Check-Out Form in the envelope provided Express Check-Out Form in the envelope provided your keys are returned to the designated area
***If the above conditions are not coassessed.	ompleted, a \$100.00 Improper Check-Out Fee will be
checked for damages other than nor damaged item at current cost of labor damaged beyond repair, I will be bill financially responsible for all damage on the RCR at the time of check-in. It	rm, I waive my rights to be present while my room is being mal wear and tear. I am aware that I will be billed for any or and materials. If an item is missing from the room or led for the replacement item at current cost. I will be e recorded at the time of checkout, which was not recorded a staff member is unable to determine which student is g item from a particular room, the cost will be pro-rated room.
Student Signature:	Date and Time of Check-out:
Staff Signature:	Date and Time of Check-Out:
Staff Signature:	
Date and Time of Staff RCR Review:	