LIVE BERKELEY

STUDENT ID #:

Request to Vacate: Single Student Apartments

Graduate students requesting to vacate Single Student Apartments, should complete and return this form to the Cal Housing Office on the 2nd Floor of 2610 Channing. Submitting this form does not guarantee that your request will be granted. Please attach supporting documentation, including graduation, marital, withdrawal, or other records.

	SEX:	М	F	Self-Identify:		PHONE:			
CURRENT LOCATION									
	Mar	nville			lda Jackson		Garden Village		
	Nex	cus/ Pano	ramic Be	erkeley	Panoramic San Francisco		Shattuck Studios		
	CURREN	NT ROOM	NUMBE	R:	XTX				
	REQUE	ESTED	CANC	CELLATION DAT	E				
	DATE YO	OU ARE R	EQUEST	ING TO VACATE:					
REASON FOR CANCELLATION REQUEST									
\ \									
	SIGNA	TURE ((REQL	JIRED BELOW)					
	I understand that I am financially responsible for the duration of my lease unless cancellation is approved by the Cal Housing Office (note: Under most circumstances an eligible replacement must sign a leasing agreement for your apartment).								
	I understa Housing C		ound by t	the lease agreement for a	at least thirty (30) days follow	ring the date thi	s notice is received by the	Cal	
	Lundersta	nd that by	, filina th	is request with the Cal Ho	ousing Office, my lease has N	OT heen termin	ated and I am still respons	ible	

for my housing charges unless an eleigible replacement has been found. A current University housing resident cannot be a

I have read and fully understand the above conditions regarding contract cancellation. I request to vacate the apartment listed

replacement since they already have a residence hall contract or apartment lease.



above, on the date stated above.

STUDENT TENANT SIGNATURE: ___

NAME:

DATE: