LIVE BERKELEY

__ STUDENT ID #: _____

Request to Vacate: Single Student Apartments

NAME:

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: M F Self-	Identify:	PHONE:
	CURRENT LOCATION		
	Manville xučyun ruwway CURRENT ROOM NUMBER:	Ida Jackson	Intersection
REQUESTED CANCELLATION DATE			
	DATE YOU ARE REQUESTING TO	OVACATE:	
	REASON FOR CANCELLATION REQUEST		
	SIGNATURE (REQUIRED 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 understand I am bound by the lease agreement for at least thirty (30) days following the date this notice is received by the Cal Housing Office.		
	I understand that by filing this request with the Cal Housing Office, my lease has NOT been terminated and I am still responsible for my housing charges unless an eleigible replacement has been found. A current University housing resident cannot be a replacement since they already have a residence hall contract or apartment lease.		

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

STUDENT TENANT SIGNATURE: _____

above, on the date stated above.