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:	
CURF	RENT LOCA	ATION			
Pa	anville anoramic Berke ENT ROOM NU	eley MBER:	Ida Jackson	Interse	ctions
REQI	JESTED CA	ANCELLATION D	ATE		
DATE	YOU ARE REQU	JESTING TO VACATE: _			
REAS	ON FOR C	ANCELLATION F	REQUEST		
SIGN	ATURE (RE	QUIRED BELOW	')		
Office (r	note: Under mos	t circumstances an eligib	the duration of my lease unlike replacement must sign a lo	easing agreement for your a	partment).
l unders Housing		d by the lease agreement	for at least thirty (30) days for	ollowing the date this notice	is received by the Cal
for my h	ousing charges	unless an eleigible replac	cal Housing Office, my lease he dement has been found. A cu hall contract or apartment le	urrent University housing res	

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.