

# UNIVERSITY APARTMENTS NAME CHANGE FORM

Please change the name on the lease for Apartment \_\_\_\_\_.

The lease is currently in the name of \_\_\_\_\_

Email \_\_\_\_\_

ID # \_\_\_\_\_

Birthdate \_\_\_\_\_

With the following status:    \_\_\_ Student                    \_\_\_ Academic Staff                    \_\_\_ Faculty

Department \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Please change the primary name on the lease to \_\_\_\_\_

Email \_\_\_\_\_

ID # \_\_\_\_\_

Birthdate \_\_\_\_\_

With the following status:    \_\_\_ Student                    \_\_\_ Academic Staff                    \_\_\_ Faculty

Department \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

The reason for this change:

- \_\_\_ current primary leaseholder no longer a student
- \_\_\_ current primary leaseholder no longer faculty
- \_\_\_ current primary leaseholder no longer academic staff
- \_\_\_ other (please describe)

<i>Office Use only</i>
<b>Eligibility Check</b>
Date(s)
Staff Initials
Yes   No   Pending

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Current Primary Leaseholder Signature    Date                    Current Spouse/Partner/Roommate Signature

Please return this form by dropping it in the Community Center drop box  
(available 24 hours a day), or by mailing to  
Assignments Coordinator, University Apartments Office, 611 Eagle Heights, Madison, WI 53705