Roommate Release Request Form Instruction Sheet

The purpose of the Roommate Release Request Form is for roommates to request that one person be released from the lease prior to the end of the lease, where one roommate wants to remain in the apartment. Both roommates must agree to release one roommate of their responsibility for the lease.

- If both roommates want to leave, 90 days notice must be given by filling out a termination form.
- If one roommate does not want to release the other roommate from their lease obligations, then both roommates must complete the terms of the lease, or both roommates must move out (with rent obligations for 90 days).
- If a roommate is released, the remaining roommate assumes sole responsibility for rent and any other lease obligations and charges beginning with the date determined by the two roommates.

Instructions for filling out the form:

Apartment Address: Write in the apartment community name, number and letter of the apartment. (For example: 101 Eagle Heights Apt.A)

Name: Print the name of each roommate listed on the lease. The person remaining in the apartment should be in the first column, the person requesting to leave should go in the column on the right.

ID Number: Write in each person's campus ID number.

Birth Date: Write in each person's birth date (Month, Day, Year).

Eligibility Status: Circle the status that makes each person eligible for the apartment.

Department Name: Write in the department name with which each student is affiliated.

Department Phone: Include a department phone number.

Departure Date, if leaving: For the person leaving, list a date that the person will be moving out of the apartment. This date will be used to verify keys have been returned. If keys are not returned, a core change will be initiated and the apartment account will be billed.

Person departing agrees to pay rent through: This is the date through which both roommates will be held legally responsible (jointly and severally liable) for the rent on the apartment. This date must be agreed upon by both roommates and may be any time between the roommate departure date and the end of the lease.

Request for inspection: We recommend that you request an inspection of the apartment prior to the roommate vacating the apartment to determine if there are obvious damages for which both roommates should be financially responsible. To request a damage inspection, call the Apartment Services Office at 262-2037 to schedule a time. We recommend that both roommates be present if possible. An Apartment Services staff person will assess the apartment for obvious damages and generate work orders to repair any damages. An invoice to the apartment account for any damages will follow the inspection. Any damages that are not noticed at this inspection will be processed at the time of the lease holder's final checkout.

Forwarding address for roommate leaving: Include a forwarding address for the roommate leaving for any mail from the University Apartments Office. The roommate should also file a change of address card with the US Postal Service when the roommate leaves.

Signatures with Dates: Both roommates must sign and date the form.

| Roommate 1 | Release | Request | Form |
|------------|---------|---------|------|
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| Apartment Address | | | | | | |
|--|--|----------------------------|---------------------------------------|----------------------------|--|--|
| | Resident Remaining in Apartment | | Resident Requesting to be Released | | | |
| Name: | | | | | | |
| Campus ID: | | | | | | |
| Birth Date: | | | | | | |
| E-mail: | | | | | | |
| Phone number: | | | | | | |
| Eligibility Status (Circle one): | Student Faculty | Academic Staff Post Doc | Student Faculty | Academic Staff Post Doc | | |
| Department Name: | | | | | | |
| Department Phone: | | | | | | |
| Departure date if leaving: | No | t applicable | | | | |
| Person departing AGREES to PAY RENT THROUGH: | | | | | | |
| Request for Inspection (circle one) If no inspection is requested or scheduled the primary leaseholder agrees to be responsible for any possible damage charges. | Yes- Call 262-2037 to schedule No- Residents waive the inspection | | | | | |
| Forwarding Address for roommate leaving: | | | | | | |
| New Phone Number: | | | | | | |
| New Email, if applicable: | | | | | | |
| By signing this document, I am requesting that University Apartments release one of the occupants of the listed apartment. The remaining resident will assume sole responsibility for rent on the day after the "person departing AGREES to PAY RENT THROUGH" date and will assume all liability for the apartment lease until the termination of the lease or until another roommate is added to the lease. | | | | | | |
| Signatures | | | | | | |
| Date of Signature | | | | | | |