



Date: \_\_\_\_\_

I, \_\_\_\_\_, am terminating my residency in apartment \_\_\_\_\_ and hereby request University Housing to make the check for the refund of my security deposit less any charges payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

THIS FORM MUST BE ACCOMPANIED BY A PHOTOCOPY OF YOUR UNIVERSITY ID CARD, DRIVER'S LICENSE or PASSPORT PHOTO. Requests received without photo identification may not be honored.

***Send original to the Accounting Office in Slichter Hall, Attn: Matt McLimans, and put a copy in the resident's file***

\\Lexus\documents\University Apartments\Staff\NEW SYSTEM\UA ADMIN\Forms\SecDepRefundRequest