



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: Andrea Kail, and put a copy in the resident's file

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