

DEPARTMENT OF RESIDENTIAL LIFE/STUDENT HOUSING CORPORATION
REQUEST FOR CANCELLATION FROM RESIDENCE HALL/APARTMENT LICENSE
2009-2010

*Please Note: This form is to be used for cancellation from the Residence License until August 30, 2009. Once the residence halls open, it will be necessary for students to file an Official Release Form with the appropriate documentation. **PLEASE PRINT CLEARLY TO AVOID DELAYS IN PROCESSING!!!!***

Name: _____ Cell Phone or Local Phone Number _____
Last Name First Name
UAlbany No. _____

Please indicate below the housing option you selected for Fall 2009:

I did not select a Room on Campus and wish my deposit to be refunded.

I understand that by affixing my signature below, I am requesting that my license for room and board for the 2009-2010 academic year be terminated. If the housing deposit was waived for any reason, and cancel my room after the official opening dates as noted above, I am responsible for the deposit and will be billed \$125.00.

Empire Commons
 Full Year Option Academic Year Option
 Freedom Quad

I request that my Residence License for 2009-2010 be cancelled. I understand that my \$125 Advance Rental Deposit will be refunded in full OR applied to any other existing charges on my account if this completed form is received by the Department of Residential Life by MAY 1, 2009. If this completed form is received after MAY 1, 2009, but before the residence halls open for the fall semester, I understand that my housing deposit will be automatically forfeited. Once the Residence Halls open on June 4, 2009 (*Full-Year Option*) or August 30, 2009, (*Academic Year Option*). I understand that I will be liable for the entire academic year contract.

Alumni Colonial Dutch Indian State
Hall _____ Room # _____

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Signature: _____ Date: _____

Office Use Only

Cancellation Deposit to be Refunded or Forfeited
 Continuing Student New Student
 System Updated by: _____ Date: _____