

HOUSING DEPOSIT REFUND REQUEST

Date: _____

I am requesting a refund of my housing deposit.

The check will be made payable in the name of the person for whom the deposit was made.

PLEASE PRINT

NAME: _____ UIN#: _____
 LAST FIRST MIDDLE INITIAL

MAIL TO THE ADDRESS BELOW:

Street or Apt. No. City State Zip

Telephone number where you can be reached during the day:

(_____) _____ - _____

Signature

FOR OFFICE USE ONLY

.....
Amount of Housing Deposit Paid \$ _____ Date Deposit Paid _____
Verified by _____

Amount to be deducted from deposit if any \$ _____
(See explanation below)

DESCRIPTION OF CHARGES

Room # if applicable _____

Approved: _____
 Residence Life Staff

Approved: _____
 FMS Office Personnel

Original (FMS) * Yellow (Residence Life Office) * Pink (Student)