



UNIVERSITY HOUSING SERVICES

Illinois State University

SUMMER 2019 HOUSING CONTRACT CANCELLATION FORM

UID# _____ -- _____ -- _____ Today's Date _____

NAME _____

ADDRESS _____

Local Phone () _____ Home Phone () _____

Period/Weeks to be cancelled:

<input type="checkbox"/> May 12 – May 18	<input type="checkbox"/> June 30 – July 6
<input type="checkbox"/> May 19 – May 25	<input type="checkbox"/> July 7 – July 13
<input type="checkbox"/> May 26 – June 1	<input type="checkbox"/> July 14 – July 20
<input type="checkbox"/> June 2 – June 8	<input type="checkbox"/> July 21 – July 27
<input type="checkbox"/> June 9 – June 15	<input type="checkbox"/> July 28 – August 3
<input type="checkbox"/> June 16 – June 22	<input type="checkbox"/> August 4 – August 9
<input type="checkbox"/> June 23 – June 29	

Please cancel my summer housing contract because _____

Student's Signature

Date

UID #: _____