



UNIVERSITY HOUSING SERVICES

Illinois State University

SUMMER 2018 HOUSING CONTRACT CANCELLATION FORM

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

NAME _____

ADDRESS _____

Local Phone () _____ Home Phone () _____

Period/Weeks to be cancelled:

<input type="checkbox"/> May 13 – May 19	<input type="checkbox"/> July 1– July 7
<input type="checkbox"/> May 20 – May 26	<input type="checkbox"/> July 8 – July 14
<input type="checkbox"/> May 27 – June 2	<input type="checkbox"/> July 15 – July 21
<input type="checkbox"/> June 3 – June 9	<input type="checkbox"/> July 22 – July 28
<input type="checkbox"/> June 10 – June 16	<input type="checkbox"/> July 29 – August 4
<input type="checkbox"/> June 17 – June 23	<input type="checkbox"/> August 5 – August 10
<input type="checkbox"/> June 24 – June 30	

Please cancel my summer housing contract because _____

Student's Signature

Date

UID #: _____