SUMMER 2024 HOUSING CONTRACT CANCELLATION FORM

UID# __________ -- __________ -- __________  Today’s Date ____________________________

NAME __________________________________________________________

Summer Housing Room Number __________________________________________

____________________________________________________________________

Cell Phone ( ) __________ -- __________

Period/Weeks to be canceled:

☐ May 12 – May 18          ☐ June 30 – July 6
☐ May 19 – May 25          ☐ July 7 – July 13
☐ May 26 – June 1          ☐ July 14 – July 20
☐ June 2 – June 8          ☐ July 21 – July 27
☐ June 9 – June 15         ☐ July 28 – August 3
☐ June 16 – June 22        ☐ August 4 – August 9
☐ June 23 – June 29

Please cancel my summer housing contract because __________________________

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____________________________________________________________________

Student’s Signature ___________________________ Date ___________________________

UID #: ________________________________

Completed summer housing contract cancellation forms can be emailed to housing@ilstu.edu