



UNIVERSITY HOUSING SERVICES

Illinois State University

SUMMER 2026 HOUSING CONTRACT CANCELLATION FORM

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

NAME _____

Summer Housing Room Number _____

Cell Phone () _____ -- _____

Period/Weeks to be canceled:

<input type="checkbox"/> May 10 – May 16	<input type="checkbox"/> June 28 – July 4
<input type="checkbox"/> May 17 – May 23	<input type="checkbox"/> July 5 – July 11
<input type="checkbox"/> May 24 – May 30	<input type="checkbox"/> July 12 – July 18
<input type="checkbox"/> May 31 – June 6	<input type="checkbox"/> July 19 – July 25
<input type="checkbox"/> June 7 – June 13	<input type="checkbox"/> July 26 – August 1
<input type="checkbox"/> June 14 – June 20	<input type="checkbox"/> August 2 – August 7
<input type="checkbox"/> June 21 – June 27	

Please cancel my summer housing contract because _____

Student's Signature Date

UID #: _____

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