



UNIVERSITY HOUSING SERVICES

Illinois State University

SUMMER 2017 HOUSING CONTRACT CANCELLATION FORM

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

NAME _____

ADDRESS _____

Local Phone () _____ Home Phone () _____

Period/Weeks to be cancelled:

<input type="checkbox"/> May 14 – May 20	<input type="checkbox"/> July 2– July 8
<input type="checkbox"/> May 21 – May 27	<input type="checkbox"/> July 9 – July 15
<input type="checkbox"/> May 28 – June 3	<input type="checkbox"/> July 16 – July 22
<input type="checkbox"/> June 4 – June 10	<input type="checkbox"/> July 23 – July 29
<input type="checkbox"/> June 11 – June 17	<input type="checkbox"/> July 30 – August 5
<input type="checkbox"/> June 18 – June 24	<input type="checkbox"/> August 6 – August 11
<input type="checkbox"/> June 25 – July 1	

Please cancel my summer housing contract because _____

Student's Signature

Date

UID #: _____