



Huron

## Residence Checkout Waiver

Name (PRINT):	Student Number:
Building and Room #:	Cell Phone:
Date of last exam (as specified in residence email):	E-mail address (PRINT):
Date of Departure:	Time of Departure:

Because of extenuating circumstances, I am unable to participate in any of the checkout appointments as assigned and will be leaving the residence and will not be present for a room checkout. I understand that I am responsible for the condition and the contents (College property) of my room and the return of my keys.

What did I agree to when I signed my residence contract?

- I am responsible for maintaining my own room in a clean and orderly state during the academic year.
- I must further ensure that my room is left in a clean and orderly state, free from all refuse when each term is over, or I will have extra clean-up charges assessed to my residence account with Huron University College.
- I agreed that I am responsible for any damages caused to my room or common living area. I assumed an equal collective financial responsibility for any damage caused to public areas on my floor, provided that such damage cannot be traced to those directly responsible.
- I agreed that I would not directly or indirectly cause or fail to take reasonable steps that may prevent damage, vandalism, or willful destruction to any room or common area in residence.
- My \$250.00 damage deposit will be refunded by cheque and sent to my home address after a satisfactory checkout from my residence room: room key, mail key and key tag are returned, room is left clean and free of damage and outstanding fines have been paid. Refund cheques will be issues by the end of May.

The College is not responsible for any personal items that I leave behind after turning in my keys.



# Huron

I agree to return my keys directly to the Information Desk before I leave and agree to accept the results of the room checkout that will be performed in my absence.

I also understand that if I leave residence and do not return my keys I will forfeit my deposit.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Instructions for submitting this form (READ CAREFULLY!):**

1. Ensure you have provided all requested information on the form.
2. Submit the signed form to the Information Desk

For Office Use Only

Keys returned - Date: \_\_\_\_\_