

# FORT HAYS STATE UNIVERSITY

Department of Residential Life

## ROOM CHANGE REQUEST FORM

Once this form is filled out, please turn it in to the front desk of the building you currently reside in. If you are requesting to move into a different building, fill out both sections of the form. All room change requests will be fulfilled based on availability will be processed on a first-come first-serve basis.

*Note: You will be responsible for the full difference between the cost of your current and new hall assignment on the next billing cycle following your move.*

Name \_\_\_\_\_ University ID No. \_\_\_\_\_  
*Last (Family) First Middle*

Current Building \_\_\_\_\_ Room # \_\_\_\_\_

Requested Building \_\_\_\_\_ Room # \_\_\_\_\_

Requested Roommate Name \_\_\_\_\_ Date \_\_\_\_\_

I would like a new assignment in \_\_\_\_\_ regardless of roommate.

I would like a single room.

I would like to move to a different room even if it is not a single room.

I have informed my current roommate of my plans to change rooms.

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Name \_\_\_\_\_ University ID No. \_\_\_\_\_  
*Last (Family) First Middle*

Current Building \_\_\_\_\_ Room # \_\_\_\_\_

Requested Building \_\_\_\_\_ Room # \_\_\_\_\_

Requested Roommate Name \_\_\_\_\_ Date \_\_\_\_\_

I would like a new assignment in \_\_\_\_\_ regardless of roommate.

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I have informed my current roommate of my plans to change rooms.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

----- FOR OFFICE USE ONLY -----

\_\_\_\_\_  
*Hall Director Approval Signature*

\_\_\_\_\_  
*Date*

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_