

# OFFICE OF HOUSING AND RESIDENCE LIFE BUY-OUT AGREEMENT

Please complete the appropriate sections below and submit this form to your Resident Director.

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_  
Last First M.I. ID#

- By signing this form, I give permission to the Office of Housing and Residence Life to change my room from a Double Occupancy Status to a Buy-Out Status. I acknowledge this change will increase my housing cost from \_\_\_\_\_ for the current semester to \_\_\_\_\_ for the current semester.
- I am aware that I will only be buying out my room for the current semester and will be assigned a roommate for the upcoming semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RESIDENT DIRECTOR USE ONLY

Room Assignment: \_\_\_\_\_  
Hall Room Semester