Graduate and Family Housing

NOTICE TO VACATE AND END LICENSE RESPONSIBILITY

For Office Use Only: Date Receive	ed/30 Day Notice Begins:	30 Day Notice Ends:
Community (Check One):62		
410 Ro	se LaneShawneetown	Building &/or Unit Number:
Date Licensee plans to VACATE	the apartment:	
(Licensee must im	mediately contact the Gradue	ate and Family Housing Office if this date changes.)
Reason for Leaving (Check One):_	Graduating/Program Co	mpleteEmergency (documentation required)
Other, please explain:		
Licensee Name:		UK Student ID Number:
		nil Address:
Spouse/Roommate Name:		UK Student ID Number:
Cell #:	(First) E-Ma	ail Address:
	Street Ad	use department address) dress: Zip Code:
Country:		
of this inspection is to determine we met. The unit must be <u>clean</u> and r be assessed. It is the <u>responsibility</u> the Resident Manager; the Residen	whether or not damages exist ready for inspection. If there are of the Licensee (Vacating and Manager will collect Vacating ged for a lock change. If License	Resident's last day in the assigned unit. The purpose AND to ensure that community cleaning standards are are damages or the apartment is not clean, charges will not Remaining) to schedule a move-out inspection with ing Licensee keys at that time. If keys are not returned, assess are roommates, once the Vacating Licensee moves onthly rent amount.
Signed:	Signed:Signed:	
If Resident will be leaving the US	SA:	
provide documentation as proof to on bank account as well as the bank	hey are leaving the USA. Lic nk name, address, country, AE	it was paid with or a Wire Transfer. Licensee must sensee will need to provide name and address as stated BA Number and Account Number. The advanced inspection and the authorization forms are
*Check-out Inspection (MUST be Documentation provided:	eight (8) working days <i>before</i> Yes No	e the move-out date):
Graduate and Family Housing C A	ANNOT guarantee refund w	fill be received before leaving the USA

G/F Representative: