

Room Change Request Form

Please return to the Office of Residence Life with all required signatures.

Name: _____ ID#: _____

Phone: _____ Box: _____ Email: _____

Current Residence Hall: _____ Room: _____

Desired Residence Hall: _____ Room: _____

Reason for room change request:

Required Signatures:

Resident: _____ Date: _____

Current Roommate: _____ ID#: _____

Desired Roommate: _____ ID#: _____

Current RA: _____ (if applicable)

Future RA: _____ (if applicable)

Note: Resident Assistants can help resolve all conflicts before signing this form.

***All keys must be exchanged and issued through the Office of Residence Life.**

For Office Use Only:

Room assigned: _____

Room Change Granted By: _____ Date: _____

White – Office of Residence Life Yellow – Future RA
Pink – Current RA Gold - Student