



UNIVERSITY OF WISCONSIN-LA CROSSE - OFFICE OF RESIDENCE LIFE  
WIAA HOUSING EMERGENCY CONTACT/AGREEMENT



SCHOOL NAME: \_\_\_\_\_ HALL: \_\_\_\_\_

I accept responsibility for the contents of the room assigned. I agree to pay all charges for anything found missing or damaged at the time of check-out. I also accept responsibility for my room key. If key is lost, I agree to pay a replacement fee of \$90 by a separate check at time of check-out. *Note: the check will be refunded if the key is returned postmarked within one week of check-out date.*

NIGHT(S) STAYING (CHECK): THURSDAY \_\_\_\_ FRIDAY \_\_\_\_

NAME \_\_\_\_\_ LAST/FIRST/MI (PRINTED LEGIBLY) SIGNATURE \_\_\_\_\_ Room # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ LAST/FIRST/MI (PRINTED LEGIBLY) SIGNATURE \_\_\_\_\_ Room # \_\_\_\_\_

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