

Print out and complete ONE FORM FOR EACH PERSON staying in the UW-La Crosse residence halls.



UW-LA CROSSE HOUSING AGREEMENT – WIAA



HALL: _____

ROOM #: _____

SCHOOL NAME: _____

NAME LAST/FIRST/MI (PRINTED LEGIBLY)

HOME ADDRESS

CITY

ZIP CODE

E-MAIL _____ PHONE # _____

EMERGENCY CONTACT

PHONE #

NIGHT(S) STAYING (CHECK): THURSDAY _____ FRIDAY _____

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 \$85 by a separate check at time of check-out. Reuter Hall key replacement cost is \$64 (includes replacement costs for suite key and bedroom key). *Note: the check will be refunded if the key is returned postmarked within one week of check-out date.*

SIGNATURE _____

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