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| C:\Users\dmiller\Documents\Share Drive WIAA\WIAA\Signs\reslife_logo.jpg | UNIVERSITY OF WISCONSIN – LA CROSSE  OFFICE OF RESIDENCE LIFE  **WIAA STATE TRACK HOUSING AGREEMENT** |

Print out and complete **ONE FORM FOR EACH PERSON** staying in UW-La Crosse Residence Halls. Bring all of the completed forms along to La Crosse as they will be collected at the time you check into your assigned hall.

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I accept responsibility for the contents of the room assigned to me, including the linens. I agree to pay all charges for anything found missing or damaged at the time I check out of my assigned room. I also accept responsibility for my room key and agree to pay replacement fee ($85.00\* in 2013) by a separate check (at the time I check out also) if the key is lost. The check will be refunded for a lost key only if it is returned postmarked within one week of the date of checkout. \*Reuter Hall key replacement cost is $64.00 in 2013 for the suite key + $10.00 for the bedroom key.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

**HALL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ROOM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAFF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**