



NOTICE TO VACATE

MAILING PO BOX 756860, FAIRBANKS, AK 99775-6860
WEBSITE WWW.UAF.EDU/RESLIFE • TELEPHONE (907) 474-7247
FAX (907) 474-6423 • EMAIL UAF-HOUSING@ALASKA.EDU

Please us this form to inform Residence Life that you are ready to move out. Please complete and return to the Residence Life Central Office in the MBS Complex or email it to uaf-housing@alaska.edu

AT LEAST 30 DAYS BEFORE YOUR OCCUPANCY AGREEMENT END DATE OR YOUR EARLY MOVE OUT DATE.

| NAME | | | DATE NOTICE TURNED IN: |
|--------------------------------|------------------------------|------------------------|--|
| Last | First Midd | le | |
| UA STUDENT ID# 3XXXX | XX | RESID | DENT SIGNATURE |
| CONTACT PHONE NUMBER | | HALL | / APARTMENT |
| REASON FOR LEAVING | | | |
| | | | |
| OCCUPANT | Γ INITIAL HERE | | OCCUPANT INITIAL HERE |
| If the occupant does n | ot submit a notice | | Terminating your Occupancy Agreement |
| to vacate 30-days prior | r to your move out | AND | prior to the end date of the agreement you |
| date, occupant will forf | eit the full \$600.00 | | stand to forfeit your \$600.00 deposit. |
| housing de | eposit. | | |
| MOVE-OUT INSPECTION AI | ND RESIDENCE LIFE N | NALK-THROUGHS | |
| 1) Pre move-out inspections (| are voluntary, and mu | st be scheduled at | least two (2) weeks in advance with Residence Life. |
| 2) Residence Life reserves the | right to conduct a wa | lk-through of the a | partment after resident gives notice in order to |
| determine maintenance and/ | or renovation prioritie | s. Residents will be | given 24-hour notice if a walk-through is necessary. |
| OCCUPANT INITIAL H | ERE TO ACKNOWLEDG | E MOVE-OUT INSPE | CTION PROCEDURES. |
| SELECT A DATE/TIME OPTIO | NAL PRE MOVE-OUT | INSPECTION | Decline Pre Move-Out |
| Inspections are ONLY available | on Tuesdays and Thursdo | ays (except for holida | nys) between 9:00am - 12:00pm or 1:00pm - 4:00pm |
| DATE: | | TIME | : : |

PLEASE CONTINUE ON BACK TO SELECT CHECK-OUT OPTION

SELECT ONE CHECK-OUT OPTION

CHECK-OUT OPTION A)

IN-PERSON:

This option will give you an opportunity to challenge any potential check-out charges. If a resident is not ready to complete their Pre-Move Out or In-Person appointment at the time agreed upon rescheduling fees will be associated. Residents must contact the Department of Residence Life to reschedule all appointments.

| TUESDAYS AND THURSDAYS FROM 9:00AM – 12:00PM AND 1:00PM – 4:00PM. | | | | |
|---|---|--|--|--|
| MOVE-OUT OPTION A: IN-PERSON: | | | | |
| PHYSICAL MOVE OUT DATE: | TIME OF INSPECTION: | | | |
| | | | | |
| CHECK-OUT OPTION B) | | | | |
| EXPRESS: | | | | |
| Express Check-Outs are offered seven days a week | α . | | | |
| | an Express Check-out Envelope. Express Check-Out Envelopes are available | | | |
| | iday, 8:00am – 5:00pm. To avoid charges to your student account, you are to Residence Life standard guidelines. With Express Check-Outs you will | | | |
| | arges. If you select and Express Move-out we suggest scheduling a pre- | | | |
| move-out inspection to prevent unexpectedcted to check-out ch | narge. | | | |
| MOVE-OUT OPTION B: EXPRESS (CHECK OUT E | DATE): | | | |
| I AGREE TO ADHERE TO THE ABOVE DATES AS STATED | | | | |
| | | | | |

MOVE-OUT REMINDERS: YOU WILL RECEIVE A FULL EMAIL WITH MOVE-OUT INSTRUCTIONS.

| You will be charged full rent on your final month rent must be paid by the first of the month. Please contact Central Office to determine pro rated rent or you will be refunded over payment. |
|--|
| Please Note: Any changes made to your Move-Out Date or Time of Inspection within 72 hours of the original date/time will result in an automatic \$55.00 charge. |

Remove all personal belongings from you housing unit including laundry rooms and common areas.