Room Change Request Form

University Housing and Residence Life

Room changes must be approved before the change occurs. Unless this is a room swap (two people mutually agreed to take each other’s assignment and professional cleaning contractor is not involved) there will be a $100 room change fee charged to the student account to cover the cost of cleaning and maintenance work performed after move out is complete. Permitted room changes are based on space availability. Room changes that occur without prior approval from University Housing will result in a penalty charged to the student account. Please deliver your completed form to the Housing Office or email the completed form to housing@clayton.edu.

Name: ____________________________________________________  Laker ID#:  _________________  
Last    First
Cell Phone Number: ______________________   ________________@student.clayton.edu

**Current** Room Assignment: Building: ____________________ Room # ______ A □ B □ C □ D □

**Requested** Room Assignment: Building ____________________ Room #______ A □ B □ C □ D □

Check here if you have no room assignment preference:  □  
Check here to approve room change fee  □

Reason for Request (check one):
1.  ____ Financial
2.  ____ Building Preference
3.  ____ Personal Safety (please explain at #7 below)
4.  ____ Original Assignment Not What I Requested
5.  ____ Found Someone Who Mutually Agreed to Swap Assignments (please provide information below)

Name: ____________________________________________________  Laker ID#:  _________________  
Last    First
Cell Phone Number: ______________________   ________________@student.clayton.edu

**Current** Room Assignment: Building: ____________________ Room # ______ A □ B □ C □ D □

**Requested** Room Assignment: Building: ____________________ Room #______ A □ B □ C □ D □

6.  ____ Roommate Conflict
If Roommate Conflict, have you discussed the issue(s) with your RA?  □ Yes  □ No
RA Name: ___________________________  Result: __________________________________________
                                                                                           __________________________________________
                                                                                           __________________________________________

7.  ____ Other (Please explain):  ______________________________________________________
                                                                                           __________________________________________
                                                                                           __________________________________________

I understand that if this request is approved, fee adjustments could be made to my Student Account, and could result in either a credit or deficit balance. I agree to check my student account for changes, and will pay the deficit balance. I understand that a University Housing Hold will be applied to my Student Account if left unpaid.

_________________________________________    __________________
Resident Signature        Date

Office Use:
Date Received: _________ Date Processed in Symplicity: ___________ Room Change Fee:  yes no  Name:  ___________________________