

ROOM CHANGE REQUEST FORM

<u>Instructions:</u> Complete the personal information, and your requested move section (Room Swap, <u>OR</u>, Open Bed). Submit this form to Residence Life before the Room Change deadline. Decisions and moving protocols will be emailed within 3 business days of receiving completed forms. You may <u>NOT</u> move unless you receive email confirmation from Residence Life. Moves may not occur from Canavan to the Campus Apartments (or vice versa). Residence Life reserves the right to deny requests. Contact <u>residence.life@daemen.edu</u> with any questions.

	PERSONAL INFORMATION:
First & Last Name:	Current Building/Room:
Student Signature:	Cell Phone Number:
	OPTION 1: ROOM SWAP:
Have the student you reque	st to swap rooms with fill-in the line below. They do not need a separate form.
First & Last Name:	Current Building/Room: Signature:
Your entire room((s) or apartment(s) <u>must</u> approve of the room swap by signing below.
Building/Room:	Roommate 1:
Roommate 2:	Roommate 3:
Building/Room:	Roommate 1:
Roommate 2:	Roommate 3:
If requesting to move to an open	OPTION 2: OPEN BED MOVE: a bed space, select and complete the "specific room" or "any room" option below. Requested Building/Room:
The requested	l room or apartment <u>must</u> approve of the move by signing below.
Building/Room:	Roommate 1:
Roommate 2:	Roommate 3:
	<u>OR</u>
B) Any Room Move (Mark X):	Gender of Space: M F Gender-Neutral/Any
	Residence Life Office Use Only:
Desk Received (dat	e): By (Staff): RAs Emailed:
Campus Safety Emaile	ed: eRezLife/Roster: Move Completed: