



<b>Office Use Only:</b> \$ _____ deposit OK to be released. \$ _____ paid to <b>House</b> for debts. \$ _____ improper withdrawal (late, no exit survey, etc.) DSA Comments: _____ _____ _____
--

## Deposit Clearance Form

**To be completed for ALL non-returning residents.**

### Resident Section – To Be Completed by the Resident:

Please fill out the bottom portion with your most updated information. This information is vital should we need to contact you regarding your withdrawal or deposit. **This should be filled out during your Check-Out time.** Thank you and we wish you all the best.

Full Name: \_\_\_\_\_

School Email: \_\_\_\_\_

Non-School Email: \_\_\_\_\_

Permanent Forwarding Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I understand that if I wish to return to SSF, I must re-apply.
- I understand that I must complete an online Exit Survey (via Survey Monkey) prior to moving out as part of Check-Out Procedures.
- I understand I must follow appropriate Check-Out Procedures with my HM and return my Parking Decal.
- I understand I must submit my final unofficial transcript via email to my DSA within one week of grades being released as part of appropriate Check-Out Procedures.
- I understand that if I was under full-time status during my last semester at SSF without prior approval from my DSA per the handbook, I forfeit my deposit.
- I understand that, if I am eligible and do all of the above, my deposit will be returned to me. I also understand that it may take 4 to 6 weeks for it to be returned.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### House Manager Section – To Be Completed by the HM:

If a resident in your house has withdrawn from SSF housing, we need verification that he/she does not owe your house any money. If he/she owes more than \$100 to your house, it is your responsibility to collect the full amount owed. If he/she owes your house less than \$100 and is eligible for a deposit refund, we will issue your house a check for the amount owed and refund the remainder to him/her. **This should be filled out during the Resident's Check-Out time.**

Please have complete the information below and return this form to the DSA during HM Check-Out/House Closing. **All areas must be completely filled out. If this form is not turned in by the deadline, your house risks losing any reimbursement or Wish List funds.**

Resident Name: \_\_\_\_\_ House: \_\_\_\_\_ Room Number: \_\_\_\_\_

Amount owed for house bill: \$ \_\_\_\_\_ Amount owed for fines: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Were the following items turned in? Keys: Yes / No Parking Decal: Yes / No Guest Pass: Yes / No Exit Survey Yes/No

House Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_