

BUILDING		ROOM #	
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Residence Life Damage Responsibility Form

By reporting this damage, I/we understand that the person(s) listed as responsible will make any restitution necessary for the repairs of the damages listed. I/We also understand that by completing this form, I/we will only be charged the cost of the damages and not receive the “damage/destruction/defacement” fine from the Office of Residence Life as listed in the Community Standards.

**I/We understand that forging, altering or falsifying another student’s signature(s) below violates The Code of Student Conduct; Rule 10 – Acts of Dishonesty or Falsifying University Records would make me/us subject to disciplinary action.*

Any damages not listed on this form that are found during check out will be divided up among the residents of the room/suite/apartments. The cost associated with repairing the damage(s) will be divided up and charged to each resident.

Damage Description	
Specific Location in Room	
Person(s) Responsible PRINT NAME CLEARLY	
Person(s) Responsible PRINT NAME CLEARLY	

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Person(s) Responsible PRINT NAME CLEARLY	
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Specific Location in Room	
Person(s) Responsible PRINT NAME CLEARLY	
Person(s) Responsible PRINT NAME CLEARLY	

This form will not be valid unless all residents of the room have signed the back page.

Damage Description	
Specific Location	
Person(s) Responsible PRINT NAME CLEARLY	
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Specific Location	
Person(s) Responsible PRINT NAME CLEARLY	
Person(s) Responsible PRINT NAME CLEARLY	

Roommate Signatures (ALL roommates must sign, print and date below):

1 _____ Printed Name _____ Date _____

2 _____ Printed Name _____ Date _____

3 _____ Printed Name _____ Date _____

4 _____ Printed Name _____ Date _____

5 _____ Printed Name _____ Date _____

6 _____ Printed Name _____ Date _____

7 _____ Printed Name _____ Date _____

8 _____ Printed Name _____ Date _____

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