



**Student Residence Center**

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520  
 P: 509.574.4885 • src@yvcc.edu • www.yvcc.edu/housing

**Transfer Room Form**

Do you have a roommate?  Yes  No If yes, please have them sign this portion.

I understand that my room rate will increase when my roommate moves into another room. Resident Name (Please Print):	Date:	Resident Signature:	Room:
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You must officially check-out of your room with the housing Office and turn in your keys, and keycard. Failure to officially check out, return keys, and keycard will result in a \$25 fee for each key and \$50 for keycard and loss of your deposit of \$250.

Your rent will increase  or your rent will decrease  You will receive a transfer fee of \$25.00. Acknowledgment of these conditions.

Resident Signature:

As I turn in my keys and prepare to vacate my current housing assignment, I acknowledge that it is responsibility to remove ALL of my personal belongings and trash prior to checking out. My room must be left clean, and in good condition to avoid any additional charges being assessed to my Student Account. Here is a **check list**:

Staff	Resident	Staff	Resident	Staff	Resident	Staff	Resident	Staff	Resident	Staff	Resident
	Remove All Garbage		Remove Tape		Wipe Down Dresser Drawers		Wipe Down Mirrors		Wipe Inside Desk Drawers		Return Garbage Can to Room
	Remove Posters		Remove Stickers		Wipe Down A/C Unit		Wipe Down Windows		Return Mattress Pad(s) to Bed		Return Dresser(s) to Original Place
	Remove Unwanted Items		Wipe Down Bookshelves		Wipe Down A/C Control Panel		Wipe Down Window Seal		Return Bed(s) to Original Place		Sweep Floor
	Remove Personal Items		Wipe Down Top of Dressers		Wipe Down Inside Closet		Wipe Down Desk		Return Chair(s) to Original Place		Mop Floor

I further understand that I must personally deliver keys to the Student Residence Center. I understand that failure to return all keys will result in a lock core and-or key replacement charge being assessed to my Student Account. I understand that my room will be inspected and assessed for damages by SRC staff. Lastly, I understand that any items left in the room will be disposed of and charges of the removal will assessed to my Student Account.

Telephone/Cable/Internet Services:

Be sure to contact QWEST and/or CHARTER CABLE to **transfer** service to your new room.

**Former Resident: Please Fill Out Every Section**

Resident Name (Please Print):	Date:	<b>Previous</b> Room #:	<b>New</b> Room #:
Resident Signature:			

**Official Use (Staff Only)**

Room Key:	Mail Box Key:	Key Card:	Security Keys:	Date Received:
Comments:			Staff Initials:	

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