Housing Check-In/Check-Out Agreement

Southeastern University

Student Name (Print)			SE	EU ID#		_		
Building			Room _			_		
Room Inventory:	BedMattress	Desk	Desk Chair	Dresser	Fire Extings	uisherS	Smoke Detector	
Key items to inspect:	: Windows Blinds Walls Closet Doors/Tracks Chair Common Screens Mirrors Doors Bed/Mattress Bathroom Smoke De					Furniture Shower Curtain etector Towel Rack		
Check In								
Please describe damaged its	em(s) in detail. Use the ba	ack of this forn	n if additional space is n	eeded.		Date	Initials	
Bedroom:								
AV/ES/DE/BU Comm	on Space (Living/Rath	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AV/ES/DE/BH Comm	on Space (Living/ Dath							
I have included any additi completed and turned in my roommate (and/or sur- preliminary (prior to May Between these three inspe	I cannot amend it as I set itemates) are responsible y finals), check out (by y	ttle into the ro for any damaş our RA as you	oom. Thus, I acknowle ge that we have not ind 1 vacate), and a final in	edge this is a co cluded above. T aspection by H	omprehensive li There are three ousing personned.	st of damage a inspections of tel after resider	and I and/or f your room: a	
Student Signature		SEU Staff ((Print)					
		·	, 					
Check Out								
Please describe damaged item(s) in detail. Use the back of this form if additional space is needed. Bedroom:						Date	Initials	
AV/ES/DE/BH Comm	on Space (Living/Bath	room):						
Unless the above addition area suites) will share the permanent address on file room clean) are assessed a of any additional charges	responsibility and your swith the university. Stu \$100 Improper Check-0	student accour Idents who do Out Fee. Dam	nt will be charged and not go through the ch	a detailed sum eck-out proces	mary of charge ss (returning th	s will be maile eir key and lea	ed to your aving their	
. 3	1				Check-	Check-Out Date		
Student Signature		SEU Staff ((Print)		Room I	Key Returned.		