

Indiana University of Pennsylvania
Office of Housing, Residential Living and Dining

Residence Hall Room Reservation Request
Summer, 2024

Name (print) _____ Student ID _____
Last First

Mailing Address _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address _____

Gender: Female Male Date of Birth _____

Enrollment Category:

I have read, understand, and accept the terms of the *Housing License Agreement and Dining Services Contract for Summer 2024* and further agree to abide by all reasonable rules IUP may issue.

Signature _____ Date: _____

Roommate data:

I request the following student as a roommate _____

Roommate ID @ _____

The Office of Housing, Residential Living and Dining will try to meet roommate requests however we cannot guarantee that we will be able to meet all requests. If the aforementioned roommate fails to complete a Room Reservation form or fails to request you as a roommate the request will be considered void.

I request that IUP assign me a roommate.

IUP residence halls are smoke-free buildings. We still need to know the smoking habits of each resident. Please check whichever of the following statements best describes your situation.

I am a smoker and understand I can only smoke outside IUP residential facilities.

I am a nonsmoker, and suffer from a smoke-related allergy or illness. **I require a roommate who does not smoke.**

I am a nonsmoker, and I **prefer** a roommate who does **not**