



**HOUSING CHANGE REQUEST FORM**

**Residence Life & Housing**

Capital University  
 1 College and Main  
 Columbus, OH 43209-2394  
 614-236-6811 (phone)  
 614-236-6290 (fax)

***To Be Completed By The Student:***

Date:	Name:	
Student ID Number:	Cell Phone:	Email Address:
Current Building & Room Number:	Current Room Phone Number:	Voicemail Box Number:
Building & Room Request:	Is your voicemail box activated in your current room?	YES NO
	Are you connected to the network in your current room?	YES NO
Reason For Request: ( Please use the back of the form if you need additional space)		

***To Be Completed By Residence Life & Housing Staff:***

Date Request Form Received:	_____
Mediation Completed:	Yes No N/A Date Mediation Completed: _____
<b>Housing Change Approved:</b>	Yes No <b>New Housing Assignment:</b> _____
<b>New Room Phone Number:</b> _____	<b>Activate Voicemail:</b> Yes No
	<b>Activate Network Port:</b> Yes No
Current RHC Signature: _____	New RHC Signature: _____
Date Current Room Inventory Completed: _____	Date Keys Returned: _____
Date Current Room Damages Assessed & Billed (If Applicable): _____	
Date New Room Inventory Completed: _____	Date Keys Received: _____
Date IT Notified of Change: _____	Date Form Sent To Central Office: _____