Roommate Swap Consent Form

*Rooms and Parking House Committee Member to please fill in the following form in depth.*

Please describe who is moving to where:

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Roommate pair 1 (if applicable):

Full name of roommate 1:

Student number of roommate 1:

Full name of roommate 2:

Student number of roommate 2:

Room number of room shared:

Roommate pair 2 (if applicable):

Full name of roommate 1:

Student number of roommate 1:

Full name of roommate 2:

Student number of roommate 2:

Room number of room shared:

All relevant parties to sign the following Consent Form:

We, the parties involved, consent to switch rooms and/or roommates of our own free will. This choice has been thoroughly considered and this move is necessary and /or desired. There is no guarantee that any further roommate swaps will be possible.

Roommate 1 of roommate pair 1 Date

Roommate 2 of roommate pair 1 Date

Roommate 1 of roommate pair 2 Date

Roommate 2 of roommate pair 2 Date

Rooms and Parking House Committee Member Date

Primarium Date

Resident Head Date