

ROOM DAMAGE RESPONSIBILITY AGREEMENT

This form is an optional part of the checkout process. If your room is found to have damage, the charges will be split amongst all occupants unless this form is completed and signed by the residents taking responsibility.

Building/Hall _____ Room # _____ Date _____

Name _____
SCU ID # _____

Name _____
SCU ID # _____

Damage	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Damage	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I/We accept full responsibility for the charges listed above and my roommate should not be charged for any portion of these charges.

I/We accept full responsibility for the charges listed above and my roommate should not be charged for any portion of these charges.

Signature _____

Signature _____

Date _____

Date _____

STAFF USE ONLY

Residence Life Staff _____ Date _____

Charges listed on: _____ Responsible party ACR/RCR only
_____ All ACRs/RCRs
_____ Damage Report and Billing Form

Comments (if needed): _____

