



Fort Valley State University

A State Land Grant University
University System of Georgia

Office of Residential Life

1005 State Drive Fort Valley, GA 31030

\$150 (ROOM CHANGE FEE)

ROOM CHANGE REQUEST FORM

Date _____

Classification _____

Students Name _____ ID # _____
(Last) (First) (MI)

I understand that completing this form does not imply approval and that I must receive confirmation from the Residential Life Assignment Coordinator.

Initial

I request to change my room from the following room:

Residence Hall _____ Apt/Suite # _____ Room # _____

to the following room:

Residence Hall _____ Apt/Suite # _____ Room # _____

Signature _____
(Student) (Date)

Signature _____
(Current Residence Life Coordinator) (Date)

Signature _____
(New Resident Life Coordinator) (Date)

Signature _____
(Residential Life Assignment Coordinator) (Date)

Signature _____
(Director of Residential Life) (Date)

COMMENTS:

