



Room Condition Report

Last Name: _____ First Name: _____

Residence Hall: _____ Student ID #: _____

The purpose of this form is to protect both the resident and the University on damage charges and to provide for maintenance corrections. Check the room very carefully or you will be charged for any damages to your room that is not listed. For Apartment Style Living, all suitemates are responsible for the common area.

Items	Check-In	Check-Out
Common Area Furniture: Couch, kitchen table & 5 chairs, end table		
Common Area Kitchen: Cabinets, sink, counters		
Thermostat & Vent		
Common Area: Walls		
Bathroom: Commode, tub/shower, cabinets/drawers, walls, towel bars		
Chest of Drawers		
Mattress and Mattress Cover		
Mirror		
Desk		
Desk Chair		
Electric Switch and Outlets		
Light Fixtures (over the desk)		
Light Fixtures (overhead)		
Window and Window Handle		
Screen		
Walls and Ceiling		
Floor		
Closet and Door		
Shades and Blinds		
Door Lock and Knob		
Bulletin Board		
Book Shelf		
Towel Bar		
Heater/Radiator		

Check-In

Resident's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____

Check Out

Resident's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____

Resident Advisor: Please check the conditions of the room and check in and check out. If student changes rooms, be sure to complete this form and a new form for the new room. By signing this, the resident accepts all responsibility for the proper care of the room and its equipment; understands that charges may be made for damages, for shortages or equipment, for transfer of equipment between rooms and public areas; and reports the room condition to be detailed above.