

| UNIVERSITY HOUSING LEASE TERMINATION  |                       |      |  |
|---|-----------------------|------|--|
| Name  |                       |      |  |
| Rental Complex & Apartment Number   | Lease Expiration Date |      |  |
| Please check one of the following statements:   |                       |      |  |
| I request to TERMINATE my lease on the date it is due to expire*  |                       |      |  |
| I request to TERMINATE my lease as of Date  | *                     |      |  |
| *If you give University Housing less than 30 days' notice to vacate, you may be charged rent for the full 30 days from receipt of your vacating notice. |                       |      |  |
| Signature of UH Employee Responsible for Lease  |                       | Date |  |
|   |                       |      |  |

| TO BE COMPLETED BY THE UNIVERSITY HOUSING OFFICE |            |      |
|--|------------|------|
| This request is                                  |            |      |
| Approved to vacate on                            | and pay to |      |
| University Housing Signature                     |            | Date |

cc: Locations, LLC Tenant