



FORT HAYS STATE  
UNIVERSITY



# RESIDENTIAL LIFE FORT HAYS STATE UNIVERSITY

## REQUEST FORM | BED BUNK/LOFT REQUEST

**Full Legal Name:** \_\_\_\_\_

**Building :** \_\_\_\_\_ **Room No.:** \_\_\_\_\_ **Action Requested:** \_\_\_\_\_

**Location Description:** \_\_\_\_\_

### LOFT KIT AGREEMENT

I, the undersigned, understand that I am responsible for the condition and possession of any items requested through this form. I understand that my SFS account will be charged for the replacement of any requested items that are not in my room upon check-out. If any of the items are damaged when returned (damaged assessed at the University's standards), I understand I may be billed for part or all of the replacement cost of the item(s).

**Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

A complete printed paper copy of this form must be remitted to our office for record purposes. Request deadline is sixty days after the first occupancy date per the Residence Hall Contract for each respective semester. Requests received after the deadline will not be honored.

**PRINT FORM**

**RESET FORM**

for office use only below this line

**STAMP DATE RCVD:**

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_