



University Housing SUMMER 2010 - HOUSING LICENSE AGREEMENT

Last Name		First Name		MI
Permanent Address			City	State Zip
University ID	Telephone Number to Reach You:		Gender:	Date of Birth

Citizenship: US Citizen US Permanent Resident (Non-citizen) International Student ALI Program

Are you: Early Arrival Fall 2010 Resident Continuing 2009-2010 Resident Summer Only (must have application on file) Staff (must have in-kind on file)

This License Agreement is entered into between the Trustees of the California State University by San Francisco State University, hereinafter called "University" and the individual whose name appears above, hereinafter called "Licensee."

In consideration for the right to occupy an assigned bed space within the Residence Community, Licensee hereby agrees to make payments to the University in accordance with the payment plan selected below. Licensee and University agree to adhere to the terms and conditions set forth in the 2010 Summer Student Housing License Agreement Terms & Conditions Parts 1, 2, & 3. This contract is valid during the time period indicated in the 2010 Summer Student Housing License Agreement Terms & Conditions Parts 1, 2, & 3 and legally obligates the Licensee to full payment of fees.

Summer 2010 License Terms (Check ONE ONLY) See Part 2 on following page for details and fees	
<input type="checkbox"/> R1 Sunday, June 6, 2010 to Saturday, July 10, 2010	Current residents staying for summer may pay an addendum to stay from <u>May 22 to June 5.</u>
<input type="checkbox"/> R2 Sunday, June 20, 2010 to Friday, August 13, 2010	Residents CONFIRMED for Fall 2010 may pay an addendum to stay from <u>August 14-August 17</u>
<input type="checkbox"/> R3 Sunday, July 11, 2010 to Friday, August 13, 2010	Residents CONFIRMED for Fall 2010 may pay an addendum to stay from <u>August 14-August 17</u>
<input type="checkbox"/> FULL Sunday, June 6, 2010 to Friday, August 13, 2010	Current residents staying for summer may pay an addendum to stay from <u>May 22 to June 5.</u> Residents CONFIRMED for Fall 2010 may pay an addendum to stay from <u>August 14-August 17</u>
<input type="checkbox"/> Modified Summer Schedule As indicated in Part 2	

_____ By initialing, you understand current residents will transition to their Summer housing beginning **Wednesday, May 26, 2010.**

Occupancy Preference-See Part 2 for details and fees

ALL SUMMER HOUSING IS LOCATED IN VCS, Bldg. C
Preferences are not guaranteed.

Single Occupancy Licensee has private bedroom

Double Occupancy Licensee has shared bedroom

Meal Plan (included in room cost):

19 Meal Plan

15 Meal Plan

10 Meal Plan

By signing below, I certify I have read and agree to the entire 2010 Summer Student Housing License Agreement Terms & Conditions Parts 1, 2, & 3 (located at: http://www.sfsu.edu/~housing/license_terms/index.html)

Signature of Licensee		Date
Is Licensee under 18 years of age (a minor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, parent or guardian must sign (signature only guarantees payment)
Signature of Parent/Guardian	PRINT name of Parent/Guardian	Date

Office Use Only:

Payment Amount: \$	Payment Type: Check Cashier's Check	Check #:
Notes:	Cash Money Order	Staff Initials:



**PAYMENT INFORMATION & SCHEDULE
Abridged Part 2**

**The full payment amount including any addendums must be submitted with this License Agreement.
Credit cards are not accepted.**

Checks and money orders are to be made payable to **SAN FRANCISCO STATE UNIVERSITY** and should contain the Licensee's name and student identification number. Payments are to be submitted directly to the University Housing Office, or mailed to:

SF State University Housing, Mary Ward Hall, 800 Font Boulevard, San Francisco, CA 94132

PLEASE READ CAREFULLY. The following contains information concerning payment procedures, payment amounts, and payment due dates. Please retain a copy for future reference. For more detailed information regarding payments, please refer to Part 2 of the Terms and Conditions.

Housing Option		License Terms		Number of Weeks	Room & Meals*		
					19 Meal Plan	15 Meal Plan	10 Meal Plan
VILLAGE AT CENTENNIAL SQUARE, Building C	DOUBLE OCCUPANCY	R1	Sunday, June 6, 2010 to Saturday, July 10, 2010	5	\$1,885	\$1,865	\$1,825
		R2	Sunday, June 20, 2010 to Friday August 13, 2010	8	\$2,896	\$2,865	\$2,802
		R3	Sunday, July 11, 2010 to Friday August 13, 2010	5	\$1,834	\$1,815	\$1,776
		FULL	Sunday, June 6, 2010 to Friday August 13, 2010	10	\$3,604	\$3,565	\$3,486
	SINGLE OCCUPANCY	R1	Sunday, June 6, 2010 to Saturday, July 10, 2010	5	\$2,045	\$2,025	\$1,985
		R2	Sunday, June 20, 2010 to Friday August 13, 2010	8	\$3,148	\$3,117	\$3,054
		R3	Sunday, July 11, 2010 to Friday August 13, 2010	5	\$1,990	\$1,971	\$1,932
		FULL	Sunday, June 6, 2010 to Friday August 13, 2010	10	\$3,920	\$3,881	\$3,802

* Fees above include a \$100 refundable security deposit and a \$15 optional activities fee (non-refundable after move in)

MODIFIED SUMMER SCHEDULE

To reserve a space for session R1, R2, R3, or FULL check the session(s) you wish to attend in Page 1 of this agreement.

To request a modified summer schedule other than sessions R1, R2, R3, or FULL please complete the sections below: (1) Choose an Occupancy Preference in part one; (2) indicate the number of weeks you wish to attend and; (3) the total price. The weekly price for room depends on the Occupancy Preference chosen and is specified below. If you are confirmed for a preference other than the one chosen below, the difference in cost will show up on your financial account after move in. **A \$100 refundable Security Deposit and \$15 optional activities fee are NOT INCLUDED in the Weekly rates listed below. Both must be added in the Total Amount Due and included with payment.**

Modified Summer Schedules must meet the following requirements:

- 1) Licensee must stay a minimum of one (1) week.
- 2) Licensee must arrive on a Sunday and no earlier than Sunday, June 6, 2010.
- 3) Licensee must depart on a Saturday except during the last week of the summer session, all residents must vacate no later than Friday, August 13, 2010 by 8:00pm.

Dates and Total Payment

Date of Arrival: Sunday, _____ 2010

Date of Departure: Saturday, _____ 2010

Weeks: _____ X Weekly Price = \$ _____ (Room Price)

Room Price + \$115 = \$ _____ **Total Amount Due**
(Security Deposit and Activities Fee)

FEE PAYMENT SCHEDULE

Housing Option		Meal Plan	Weekly Price
VILLAGE AT CENTENNIAL SQUARE	DOUBLE OCCUPANCY	19 Meal Plan	\$354
		15 Meal Plan	\$350
		10 Meal Plan	\$342
	SINGLE OCCUPANCY	19 Meal Plan	\$386
		15 Meal Plan	\$382
		10 Meal Pan	\$374



**University Housing Summer 2010
HEALTH INSURANCE AND MEDICAL EMERGENCY**

IN CASE OF EMERGENCY, Please list the person we should contact:

Relationship to you: _____

Contact First Name:

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Contact Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____

Street City State Zip Code

Telephone Numbers Home: _____ Work: _____

Email Address: _____

Moving to Campus can be stressful on the mind and the body. If you take regular medications or receive on-going medical care please take the measures necessary to facilitate a medical support system close to campus.

In the event of an emergency, will you need assistance evacuating the building? Yes No

If yes, please explain: _____

HEALTH INSURANCE INFORMATION

Name of Health Insurance Company:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Health Insurance Company Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Group I.D./Policy Number (located on your medical card):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please list concerns you feel the staff should know about: Allergies: _____

Health Conditions: _____

Medications: _____

If you are in the process of obtaining medical coverage and intend on completing this form later, please indicate the date you intend coverage to begin: _____ (If resident does not obtain insurance a possible hold may be placed on registration.)

I hereby verify that all information contained in this document is true and accurate.

Last Name	First Name	University ID Number
Signature of Licensee		Date



**University Housing Summer 2010
FERPA Waiver**

The following Federal Law prohibits disclosure of student information without a student's prior written consent:

"In accordance with the federal Family Education Rights and Privacy Act of 1974 (20 U.S.C. 1232g), regulations adopted there under (34 C. F. R. 99) and California Education Code Section 67100 et seq., University policy allows the release of personally identifiable information to others (except to verify student status) only with the students prior written consent or in the case of an extreme emergency or where there is clear and imminent danger to the student, to others, or to society." (San Francisco State University Bulletin 2010-2011).

Without this document completed and in the student file, University Housing will not be able to:

- Discuss late payments, refunds, or a student's current financial status to anyone other than the student
- Discuss financial aid, damage charges, or payment information
- Discuss any of the previous information with parents, guardians, or "third party payment" individuals

To permit University Housing staff to contact and or discuss payment and financial information with your parents or guardians, please provide the following authorization and information:

Individual #1 Information: (Print in Capital Letters)																			
First Name:																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: _____																			
							Street			City			State			Zip Code			
Telephone Numbers Home: _____ Work: _____																			
Relationship to you: _____										Email Address: _____									
Individual #2 Information: (Print in Capital Letters)																			
First Name:																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: _____																			
							Street			City			State			Zip Code			
Telephone Numbers Home: _____ Work: _____																			
Relationship to you: _____										Email Address: _____									

STUDENT DECLARATION

I hereby verify that all information contained in this document is true and accurate.

Last Name			First Name			University ID Number		
Signature of Licensee						Date		