



Texas Wesleyan University Residence Life

ROOM DEPOSIT REFUND APPLICATION

In accordance with regulation, all room deposits withdrawn will be **mailed** to the applicant. Room deposits returned are subject to room damages and other remaining charges. Please fill out and return to the housing office.

PRINT:

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Student ID: _____ Home Phone: _____

Cell Phone: _____ Other: _____

I have read and agree with the above statement:

Signature: _____ Date: _____

Office Use Only	
Damages:	\$ _____
_____	_____
_____	_____
Deposit on File	\$ _____
Total	\$ _____
Refund	\$ _____
Coordinator Of Res. Life: _____	Date: _____
Housing Director: _____	Date: _____
Copy forwarded to Cashier on (date) _____	