

Meeting confirmation form

Assignment / Replacement in Residence

The Meeting Confirmation Form is required in all cases of room assignment where residents share a unit or room. In the case of a proposed replacement, this form serves as confirmation that the residents have met. This form DOES NOT confirm termination of the residence agreement.

NEW RESIDENT (REPLACEMENT)			
SURNAME	GIVEN NAME(S)	STUDENT NUMBER	
E-MAIL	TELEPHONE	MOVING DATE	YEAR MONTH DAY

PERSON BEING REPLACED (IF APPLICABLE)			
SURNAME	GIVEN NAME(S)	RESIDENCE/UNIT/ROOM NUMBER	
TELEPHONE	SIGNATURE		DATE YEAR MONTH DAY

To the new resident (replacement): To avoid delays, please meet with the individuals who will be living in the unit or room with you and ensure that they complete the following section.

CO-RESIDENTS' Signatures

I confirm having met the proposed candidate who may be assigned in my unit. I understand that the University may, when appropriate, proceed with the assignment in the absence of my signature.

RESIDENT	TELEPHONE	
SIGNATURE	DATE	YEAR MONTH DAY

RESIDENT	TELEPHONE	
SIGNATURE	DATE	YEAR MONTH DAY

RESIDENT	TELEPHONE	
SIGNATURE	DATE	YEAR MONTH DAY

RESIDENT	TELEPHONE	
SIGNATURE	DATE	YEAR MONTH DAY

Comments

Please return this form to Housing Service at the following address:

Housing Service (HS)

90 University Private, Room 145, Ottawa, ON Canada K1N 1H3
E-mail: residence@uOttawa.ca • Tel.: 613-562-5621

