



**SF STATE HOUSING SUMMER 2013
STUDENT BEDSPACE HOUSING LICENSE AGREEMENT**

(Please WRITE LEGIBLY using BLUE or BLACK ink **ONLY**. Agreements filled out in pencil, scanned or faxed will **not** be processed)

Last Name		First Name		Middle Initial
Permanent Address		City	State	Zip
University ID#	Primary Phone Number	Gender (Female, Male, Transgender, Gender-Nonconforming)		Date of Birth (mm/dd/yyyy)

Citizenship:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> US Permanent Resident (Non-citizen)	<input type="checkbox"/> International Student	<input type="checkbox"/> ALI Program
Are you:	<input type="checkbox"/> Early Arrival (Confirmed Fall 2013 resident)	<input type="checkbox"/> Continuing Resident (from Spring 2013)	<input type="checkbox"/> Summer ONLY (must have paid application)	<input type="checkbox"/> Summer Student Staff (must have staff paperwork 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 Summer 2013 Student Bedspace Housing License Agreement Terms & Conditions Parts 1, 2, & 3. This contract is valid during the time period indicated in the Summer 2013 Student Bedspace Housing License Agreement Terms & Conditions Parts 1, 2, & 3 and legally obligates the Licensee to full payment of fees.

Accommodations: All Summer 2013 Housing is located in the Towers at Centennial Square. All rooms are double occupancy (shared). Two bedroom apartments are shared by four students. Bedrooms in all units include twin XL beds, desks, under-bed storage and closets or armoires. Apartment shared living areas are furnished with couches, dining room table and chairs. Kitchen includes stovetop, full refrigerator, sink, and cabinetry. Residents must supply their own toiletries, cookware and small appliances. Please see the What to Bring list: http://www.sfsu.edu/~housing/future/whattobring.html			
Meal Plans: A weekly meal plan is included in the cost of Housing. Meals can only be redeemed in the City Eats Dining Center. Please choose one:	<input type="checkbox"/> 19 Meal Plan	<input type="checkbox"/> 15 Meal Plan	<input type="checkbox"/> 10 Meal Plan

Summer 2012 License Terms (Check ONE ONLY) See Part 2 on following page for details and fees		
<input type="checkbox"/> R1	Sunday, June 9, 2013 to Saturday, July 13, 2013	Current residents staying for summer may pay an addendum to stay from <u>May 25 to June 8</u> .*
<input type="checkbox"/> R2	Sunday, June 23, 2013 to Saturday, August 17, 2013	Residents CONFIRMED for Fall 2013 may pay an addendum to stay from <u>August 18-August 22</u> .
<input type="checkbox"/> R3	Sunday, July 14, 2013 to Saturday, August 17, 2013	Residents CONFIRMED for Fall 2013 may pay an addendum to stay from <u>August 18-August 22</u> .
<input type="checkbox"/> R4	Sunday, June 9, 2013 to Saturday, August 17, 2013	Current residents staying for summer may pay an addendum to stay from <u>May 25 to June 8</u> .* Residents CONFIRMED for Fall 2013 may pay an addendum to stay from <u>August 18-August 22</u> .
<input type="checkbox"/> Modified Summer Schedule	As indicated in Part 2	

* Continuing residents: by initialing, you acknowledge that you will transition from your Academic Year space to your Summer housing space prior to the R1 Summer session.

By signing below, I certify I have read and agree to the entire Summer 2013 Student Bedspace 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: Personal Check Cashier's Check Money Order	Check #:
Notes:		Staff Initials:



**SF State Housing Summer 2013
PAYMENT INFORMATION & SCHEDULE
Terms & Conditions Part 2**

Checks and money orders are to be made payable to **SAN FRANCISCO STATE UNIVERSITY** and should contain the Licensee's name and SF State ID 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.

Full payment must be submitted with this License Agreement. Cash and credit cards are not accepted.

Fee Payment Schedule by Summer Session							
Building	Room Type	License Terms			Cost		
		Session	Dates	# Weeks	10 Meals	15 Meals	19 Meals
Towers at Centennial Square	Two Bedroom, Double Occupancy	R1	Sunday, June 9 to Saturday, July 13	5	\$1,830	\$1,870	\$1,890
		R2	Sunday, June 23 to Saturday, August 17	8	\$2,859	\$2,923	\$2,955
		R3	Sunday, July 14 to Saturday, August 17	5	\$1,830	\$1,870	\$1,890
		R4	Sunday, June 9 to Saturday, August 17	10	\$3,545	\$3,625	\$3,665

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

Modified Summer Schedule Instructions

To reserve a space for session R1, R2, R3, or R4, indicate the session(s) you wish to attend on page 1 of this agreement.

To request a modified summer schedule, please follow these directions:

- (1) Choose a Meal Plan on page 1;
 - (2) Complete the Modified Summer Schedule Fee Calculator (below right), using the Weekly Fee Payment Schedule (below left).
- A \$100 refundable Security Deposit and \$15 optional activities fee are NOT INCLUDED in the weekly rates listed below. Both must be included in the Total Amount Due.

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 depart on a Saturday.
- 3) The first move-in date is Sunday, June 9. The last move-out date is Saturday, August 17. *Modified Summer Schedules are not eligible for Transition Addendums.*

Weekly Fee Payment Schedule			
Building	Room Type	Meal Plan	Weekly Price
Towers at Centennial Square	Two Bedroom Double Occupancy	10 Meal Plan	\$343
		15 Meal Plan	\$351
		19 Meal Plan	\$355

Modified Summer Schedule Fee Calculator			
Move-In	Sunday	_____	# Weeks
Move-Out	Saturday	_____	_____
Weekly Price:		_____	X # Weeks: _____
TOTAL AMOUNT DUE*: _____			
*Add \$115 Security Deposit and Activity Fee			



**SF State Housing Summer 2013
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 2013-2014).

Without this document completed and in the student file, 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 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)				
Individual First Name		Last Name		
Address: _____				
Street	City	State	Zip Code	
Telephone Numbers	Primary: _____	Secondary: _____		
Relationship to you: _____	Email Address: _____			

Individual #2 Information: (Print in Capital Letters)				
Individual First Name		Last Name		
Address: _____				
Street	City	State	Zip Code	
Telephone Numbers	Primary: _____	Secondary: _____		
Relationship to you: _____	Email Address: _____			

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

Signature of Licensee	Date
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**SF State Housing Summer 2013
HEALTH INSURANCE AND MEDICAL EMERGENCY**

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

Relationship to you: _____

Contact First Name _____ Contact Last Name _____

Address: _____
Street City State Zip Code

Telephone Numbers Primary: _____ Secondary: _____

Email Address: _____

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:

Group I.D./Policy Number (located on your medical card or proof of insurance):

Please list concerns you feel the staff should know about: Allergies: _____
Health Conditions (e.g.asthma): _____

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.

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 hold may be placed on registration.)

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

Signature of Licensee	Date
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