I-House South

Storage Fee Acknowledgment Form

Due to the current health crisis, International House will allow South Building resident members to store their personal belongings within their current room until October 1, 2020. After this date, South Building Resident Members will be charged a fee of $40 per month to continue storage. With the completion of this form, the resident understands that their room will stay as is until October 1, 2020 or they come to collect their belongings, whichever comes first.

The Resident Member understands that if they do not collect their belongings, by the October 1, 2020 deadline, International House will pack and move the Resident Member’s belongings from the room to store elsewhere for a fee.

Please note: Items left after the October 1, 2020 deadline will only be released when the fees have been paid.

Resident Information

Resident Name:__________________________

Email:__________________________

Room #:__________________________

Cell #:__________________________

Liability:

In consideration of International House’s willingness to store the resident member’s property for a fee, the resident member agrees that their property will be stored at their own risk, and International House assumes no liability for loss or damage due to theft, vandalism, fire, flood, leak, act of nature, or any loss thereof or damages incurred thereto whatsoever.

Resident Signature:__________________________

Date:__________________________

I-House Staff Signature:__________________________

Date:__________________________
CREDIT CARD AUTHORIZATION

Please provide credit card information as it appears on the credit card. The International House Admissions Office and Bursar’s Office will be the only ones privy to this information for the purpose of charging for Resident Room Storage.

(Visa or Mastercard ONLY)

FIRST NAME: ______________________________________________

LAST NAME: ______________________________________________

CREDIT CARD TYPE: VISA _____  MASTERCARD _____

CARD NUMBER: ____________________________________________

EXPIRATION DATE: _________________________________________

SECURITY CODE: __________________________________________

CARD HOLDER ADDRESS: ______________________________________

CITY: ___________________________ STATE/PROVINCE: _________

COUNTRY: ___________________________ ZIP: ____________

PHONE NUMBER: __________________________________________

EMAIL ADDRESS: __________________________________________