

**PENN STATE COLLEGE OF MEDICINE  
UNIVERSITY MANOR APARTMENTS**

**NOTICE OF INTENT TO VACATE**

Current Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby serve notice of my intent to vacate Apartment # \_\_\_\_\_

as of \_\_\_\_\_.

Month                      Day                      Year

My new address will be:

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Cell phone number: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

By signing this form I acknowledge and agree that:

1. I fully understand that I must present this Notice 60 days prior to my intended vacate date. I also agree that the 60 day notification begins when this form is received and date stamped by the Housing Office.
2. I fully relinquish possession of the premises and any items which I may have left behind.
3. I am responsible for removing any and all items which belong solely to me on or prior to the vacate date indicated above.
4. Any items remaining in or on the premises may be discarded, destroyed or disposed of in any manner The Pennsylvania State University sees fit.
5. I am responsible for any and all costs incurred by The Pennsylvania State University due to my failure to vacate the premises and/or to remove all of my belongings on or before the vacate date indicated above.
6. I may not rescind this Notice nor may I change the vacate date indicated above without the prior written approval of the Student Housing Manager.
7. I am responsible for the full amount of rent up until my vacate date. My Security Deposit may not be applied toward payment of any rent due.
8. My submission of this Notice does not relieve me of any liability that I may have under my present Housing Lease Agreement.

Tenant Signature \_\_\_\_\_