



RESIDENCE LIFE OFFICE
 Springs Student Center
 503 South Broad Street
 Clinton, SC 29325
 PHONE: 864-833-8277
 FAX: 864-833-8516
 EMAIL: reslife@presby.edu

Residence Life Office Damage Responsibility Form

Name: _____ Student ID #: _____

Building and Room #: _____ Cell Phone #: _____

E-mail Address: _____

I am not responsible for the following damage to my room/suite (Please describe in detail the damage that has occurred, including the location in the room, the type of damage, what it looks like, etc.)

Name(s) of the individual(s) who are responsible for the aforementioned damage (Please note: You are required to name the responsible parties in order to avoid being billed for the damages stated above. If you do not name the responsible party, simple denial of responsibility is not enough and you will be billed for the damage.):

- 1.
- 2.
- 3.
- 4.

Please explain how you know this to be true (i.e. that the individual(s) you have listed above are responsible for the damage you described above).

I understand that the person(s) listed above will be notified by a Residential Life Professional Staff Member as to this claim of responsibility on their part and may receive a copy of this form.

If the person(s) whom I have named refuses to accept responsibility for the damage, or claims that I am responsible for the above damage, the damage will be billed in accordance with the policies of the College and I will be held responsible for my share of the damage costs.

Signature: _____ Date: _____

**This form must be filed with the Assistant Director of Residence Life
 by 5:00PM on Friday, April 26, 2019.**