## **Residential Life**

## ROOM CHANGE REQUEST FORM Spring 2025

## **PLEASE PRINT**

| Date:   |   |                               |                           |  |
|---|---|-------------------------------|---------------------------|--|
| Name:   |   | B-Number:                     | B-Number:                 |  |
| My gender identity listed wit   | h the University is: <b>Check o</b>   | nly one (1) option.           |                           |  |
| ☐ Man<br>☐ Trans-man  | <ul><li>□ Woman</li><li>□ Trans-woman</li></ul>                                 | ☐ Non-binary☐ Trans-nonbinary | ☐ Different Identity      |  |
| Please check the Area to whi<br>separate form to every area t   |   | ve. ONLY CHECK ONE (1) AREA   | PER FORM. You must submit |  |
| <ul><li>College-in-the-Woods</li><li>Mountainview</li></ul>   | ☐ Hinman<br>☐ Hillside  | ☐ Susqehanna☐ Newing          | ☐ Dickinson               |  |
| If you choose this housing type you will (  |   | e the same                    |                           |  |
| If you choose this housing type you will o<br>gender identity(please initial)   |   | e the same                    |                           |  |
| ☐ Housing Type 2 (Gender  | Inclusive Housing)  |                               |                           |  |
| If you select Gender Inclusive Housing yo<br>environment for students of every gend<br>Students who only want to share a bedr<br>gender identity should select Housing Ty | der identity. This includes your direct<br>room and/or living space with others | roommate.                     |                           |  |
| I I am willing to live in a roor  | n with a cat  | ☐ I am willing to live        | in a room with a dog      |  |
| Your Current Residence Hall   | and Room#:  |                               |                           |  |
| B mail:   |   | @binghamton.edu               |                           |  |
| If you are requesting a specif  | fic hall and/or room, please  | e list them below:            |                           |  |
| Hall:   | . ,,  | Room#                         |                           |  |

If there are any other specifications you wish to have considered, please state them below:

| I HAVE READ AND UNDER<br>this form does not guarar  | STAND THE ROOM CHANGE PROCESS. I also unter a room change.  | nderstand that space is limited and submitting            |
|---|---|---|
| Signature:  | Date:   |   |
| Area Office Contact   | Information:  |   |
| Dickinson: Location: C-4 Roo<br>Hinman: Location: RC 102 Ph<br>Mountainview: Location: AP-<br>Newing: Location: C-4, 119 (N | ion: Onondaga Hall 110 -112 Phone: 607.777.2637 m 128 (next to fireplace) Phone: 607.777.2826 Emai one: 607.777.4716 Email: hinman@binghamton.edu 101 Phone: 607.777.7660 Email: mtview@binghamt lewing Side) Phone: 607.777.2864 Email: newing@b side and Susquehanna): Location: Choconut 102 in sapts@binghamton.edu | l: dcknsn@binghamton.edu<br>u<br>on.edu<br>uinghamton.edu |
| OFFICE USE ONLY   | Date Received:  | Time:   |
| Date emailed:   |   |   |
| ☐ No Response OR  | Reassigned to:  |   |