



Western Texas College

Housing Office

Room Change Form

Name:

_____ ID# _____

Classification: _____ Term: _____

Present Dorm: _____ Room# _____

New Room#

(Leave Blank until the Housing Office assigns your new room #)

Signature of Coach:

(if participating in a sport)

_____ Date: _____

Signature of Housing Office Staff:

_____ Date: _____

Signature of Student:

(Signing this form verifies that you agree to the room change)

_____ Date: _____