



**UNIVERSITY OF WISCONSIN-LA CROSSE  
OFFICE OF RESIDENCE LIFE  
EMERGENCY CONTACT/AGREEMENT**



**SCHOOL NAME:** \_\_\_\_\_ **HALL:** \_\_\_\_\_

I accept responsibility for the contents of the room assigned. I agree to pay all charges for anything found missing or damaged at the time of check-out. I also accept responsibility for my room key. If key is lost, I agree to pay a replacement fee of \$90 by a separate check at time of check-out. *Note: the check will be refunded if the key is returned postmarked within one week of check-out date.*

**DATE ARRIVING:** \_\_\_\_\_ **DATE DEPARTING:** \_\_\_\_\_

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**NAME** LAST/FIRST/MI (PRINTED LEGIBLY)      **SIGNATURE**      **Room #**

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**EMERGENCY CONTACT**      **PHONE #**

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