



## WSU IAREC DORMITORY SPACE REQUEST

Tenant Name (First Last): \_\_\_\_\_

Tenant Email: \_\_\_\_\_

Tenant Phone: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_

Tenant, please indicate that you have received and reviewed the following forms and documents:

\_\_\_\_\_ Dorm Guidelines    \_\_\_\_\_ Dorm Pricing

Gender:  Female  
 Male

Tenant Type:  WSU Student  
 Non-WSU Student  
 Non-Student

\_\_\_\_\_  
Sponsor/Project Leader Name

\_\_\_\_\_  
Sponsor/Project Leader Signature & Date

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Tenant Signature & Date