

**MISSISSIPPI STATE UNIVERSITY  
FACULTY AND STAFF TEMPORARY HOUSING  
INTENT-TO-VACATE FORM**

**Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**MSU ID Number** \_\_\_\_\_

**Please accept this notice as my intent to vacate**

\_\_\_\_\_ on \_\_\_\_\_  
(unit) (date of vacancy)

**Note:** Occupancy beyond this date will be considered **“unauthorized occupancy”**.

By policy, eviction proceedings will begin and tenant will be responsible to pay all costs associated therewith if occupancy continues beyond the date above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing address (for refund) is:**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Return this form to:**            **Housing Assignment Specialist  
Facilities Management**

**Via US Mail**                    **P.O. Box 5208  
Mississippi State, MS 39762-5208**

**Via Campus Mail**            **Mailstop 9604**

**Or, by fax:**                    **662-325-4531**