

## MOVE IN/OUT ROOM CHECKLIST

Please fill out the following chart clearly and completely. Place an 'X' or check mark in the correct column for each item in the table below. Once you have completed and signed the move in/out inspection of your room, please have the Chapter's Master, House Manager, or House Director sign it before submitting it, along with any additional comments and/or pictures via email to [info@espondaassociates.org](mailto:info@espondaassociates.org).

Name: \_\_\_\_\_

School: \_\_\_\_\_ Room Number: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
Address
City
State
Zip

MOVE-IN				
	Poor	Fair	Good	Great
Door(s)/Lock(s)				
Door Frame				
Light Fixture(s)				
Switches/Outlets				
Flooring				
Walls and Paint				
Ceiling				
Window(s)				
Screens				
Window Covering				
Cleanliness				
Comments				

MOVE-OUT				
	Poor	Fair	Good	Great
Door(s)/Lock(s)				
Door Frame				
Light Fixture(s)				
Switches/Outlets				
Flooring				
Walls and Paint				
Ceiling				
Window(s)				
Screens				
Window Covering				
Cleanliness				
Comments				

Key Received?	
Yes: _____	No/NA: _____

Key Returned?	
Yes: _____	No/NA: _____

**By signing below, I agree that the above report is honest and accurate to the best of my knowledge and observation.**

MOVE-IN
Signature of Student
Date
Signature of Master/House Manager/House Director
Date

MOVE-OUT
Signature of Student
Date
Signature of Master/House Manager/House Director
Date