

# FORT HAYS STATE UNIVERSITY

Department of Residential Life

## BED BUNK/LOFT REQUEST

date \_\_\_\_\_

Received in Office: time \_\_\_\_\_

initial \_\_\_\_\_

A complete printed paper copy of this form must be submitted to our office for record purposes. Forms are not complete until a written signature is provided. Request deadline is two weeks after the first day of classes of the given semester. Requests received after the deadline will not be processed.

you must return this form to:

**Residential Life**  
**Fort Hays State University**  
**McMindes Hall Room 126**  
**Hays, KS 67601-4099**

Phone: 785-628-4245 | Fax: 785-628-4138 | Email: srl@fhsu.edu

Full Legal Name: \_\_\_\_\_

Please select your hall, type your room number, and then select your request and bed location below your selected hall:

**McMINDES HALL**

Room No. \_\_\_\_\_

**REQUEST:** (select one)

- Loft bed
- Bunk beds
- Unloft bed
- Unbunk bed

**BED LOCATION:** (select one)

- Bed nearest door
- Bed nearest window

**VICTOR E. VILLAGE**

Room No. \_\_\_\_\_

**REQUEST:** (select one)

- Loft bed
- Bunk beds
- Unloft bed
- Unbunk bed

**BED LOCATION:** (select one)

- Bed nearest door
- Bed nearest window

**CUSTER HALL**

Room No. \_\_\_\_\_

**REQUEST:** (select one)

- Loft bed
- Bunk beds
- Unloft bed
- Unbunk bed

**BED LOCATION:** (select one)

- Bed on the left
- Bed on the right

**Note:** Lofting a bed means a loft kit will be installed, which raises the bed to about twice the original height. Bunking the beds means both beds in the room will be stacked, one on top of the other. Beds in University residence halls are to be lofted or bunked only through this form, and kits will be installed only by University staff.

### LOFT KIT AGREEMENT

**I understand** that I am responsible for the condition and possession of any items requested through this form. I understand that my SFS account will be charged for the replacement of any requested items that are not in my room upon check-out. If any of the items are damaged when returned (damaged assessed at the University's standards), I understand I may be billed for part or all of the replacement cost of the item(s).

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

FOR OFFICE USE ONLY

Stamp Date Received

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_