

Notice of Termination of Student Housing Contract

Date: [Insert Date]

To: [Housing Authority/Management Name]

[Housing Authority/Management Address]

[City, State, Zip Code]

Dear [Housing Authority/Management Name],

I am writing to formally notify you of my intention to terminate my student housing contract for [Apartment/Unit Number] at [Institution Name] due to health reasons. My condition has necessitated this decision as it has become increasingly difficult for me to reside in the current accommodation.

As per the terms outlined in the contract, I am providing [insert amount of notice, typically 30 days] notice of termination. My last day of residence will be [insert last day of residence]. I will ensure that the apartment is returned in good condition and all necessary move-out procedures are followed.

Please let me know if any additional documentation or medical records are needed to support my request. I appreciate your understanding and assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Student ID]

[Your Contact Information]