Bocconi

Check-out form for students who have renewed their room for a.y. 2020-21

| | i undersigned, | | | | |
|----|--|---|-------------|--|--|
| | Name: | Surna | me: | | |
| | Student ID number: | | | | |
| | Assignee of a room at the | residence | room number | | |
| | I commit to sign in correspondence of the option that I choose and to upload the relevant documents in the online procedure. | | | | |
| 1. | I will PERSONALLY proceed to tidy up /vacate my room, according to the instructions provided by Bocconi University, in order to allow a correct sanitization of the spaces. | | | | |
| | I will proceed to the actions indicated above by the final check-out date that I will indicate online. | | | | |
| | I take note and accept that Bocconi University may not be deemed responsible for the deterioration or the loss of any object, including valuables or items easily perishable due to their nature, left by me in the room when leaving Milan/during the period preceding the tidying/vacating activities | | | | |
| | Date: | 5 | Signature: | | |
| | OR | | | | |
| 2. | I DELEGATE Mrs. / Mr. | | | | |
| | (name) | (surname) | | | |
| | to carry out in my name all the actions to tidy up/vacate my room, by collecting, packing and withdrawing my personal belongings. At the end of the operations, the residence management responsible will verify that the room is completely empty and the check-out procedure will be completed. I communicate that the delegate commits to complete the abovementioned actions by the final | | | | |
| | check-out date that I will i | check-out date that I will indicate online. | | | |
| | I take note and accept that Bocconi University will not be responsible for the actions of my delegate, nor of any other third party involved in the operations, and that in any case the same declines any responsibility for the loss or deterioration of items. | | | | |
| | I take note and acknowledge that Bocconi University may not be deemed responsible for the deterioration or the loss of objects, including valuables or easily perishable items due to their nature, left in the room during the period preceding the vacating activities | | | | |
| | Date: | • | Signature: | | |



Date:_____

| 3. | I will privately refer to one of the PROFESSIONALS of the sector published online on the Bocconi website for tidying up/vacating my room in order to allow a correct sanitization of the spaces. Therefore: |
|----|--|
| | the company that I will individuate will proceed as soon as possible to tidy up and vacate my room from the items that may not be placed inside the cupboards/drawers. Those items of my possession will be put in dedicated boxes that will be sealed and shipped or kept until September 30 th , 2020 in the residence warehouse (until full capacity) or other dedicated space established by Bocconi University for this purpose; |
| | I declare that I will retrieve my boxes during the period 1-30 September 2020 or that I will ask the shipment of the same to the address that I will indicate; |
| | I take note and accept that Bocconi University will not be responsible for the actions of the professionals, nor of any other third party involved in the operations, and that in any case the same declines any responsibility for the loss or deterioration of items; |
| | I take note and acknowledge that Bocconi University may not be deemed responsible for the deterioration or the loss of objects, including valuables or easily perishable items due to their nature, left in the room during the period preceding the vacating activities |
| | |
| | |

Signature:_____