



CAL POLY POMONA FOUNDATION, INC.
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POMONA, CA 91768

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VILLAGE@CPP.EDU

Housing Decline Form

Date: _____

Name: _____

Student I.D. # _____

Refund Address: _____

Telephone number: _____

Please check one of the following:

___ I would like to be taken off the waiting list.

___ I would like to decline my space in the Village. Room Assignment: _____

Thank You,

Signature _____