

Surname: \_\_\_\_\_

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

Studentenwerk Potsdam  
Anstalt des öffentlichen Rechts  
Abteilung Wohnen  
Babelsberger Straße 2  
14473 Potsdam

\_\_\_\_\_  
Place/ Date

## Termination of my rental agreement

*(Please submit the original, otherwise not valid!)*

Tenant number. : 55\_\_\_\_\_

I hereby give notice to terminate the rental agreement with the Studentenwerk Potsdam for my

Room/ bed place – No.: \_\_\_\_\_

Street/ house-No.: \_\_\_\_\_

Postal code/ Place: \_\_\_\_\_

To the: \_\_\_\_\_

\_\_\_\_\_  
Signature of the tenant

### **Note:**

Ordinary termination of the lease is only possible in compliance with the agreed notice period in accordance with the General Terms and Conditions of Lease of the Studentenwerk Potsdam.

### **My Contact:**

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- I agree that my contact details (name, telephone number, e-mail address) may be forwarded to the tenant for the purpose of discussion/agreement on the acceptance/takeover of the rental object. may be forwarded. This consent has been given voluntarily. I am informed that this consent can be revoked at any time.  
can be revoked.
- I do **NOT** agree to my contact information being released to the next tenant.

\_\_\_\_\_  
Signature of the tenant

### Acknowledgement of receipt by the lessor

\_\_\_\_\_  
Date/ Signature/Stamp