



Please Print Clearly

Date of Request:	
Name of Student:	
Space to be Used:	
Dates From:	To:

Reason for Request:

I understand that I will be responsible for any damages that may occur as a result of my use of College facilities and space and that I will be responsible for my own property, health and safety when in the College during the period stated above.

Signature of Student: _____
Signature of Faculty member responsible for space: _____
Signature of Division Chair: _____

Please forward to the Office of the Vice President (Academic)

Signature of Vice President (Academic) : _____
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Please save one copy for the Division Offices.