

Today's date _____

Department/ Organization _____

Contact Name _____

Telephone number _____ Email _____

Request date and time _____

Request date and time _____

Request date and time _____

Purpose _____

Note: If this request involves the collection of items for donation and/or is revenue producing, you must also attach a completed Collection/Fundraising Request.

PLEASE ALLOW TWO WEEKS FOR PROCESSING

FOR OFFICE USE ONLY			
Request is <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Accepted with conditions			
Comments/conditional agreements _____			
Student Life _____	Date _____		
Request decision communicated via	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> In Person
	<input type="checkbox"/> R 25 Req.	<input type="checkbox"/> R 25 Confirmed	<input type="checkbox"/> Bruin Beat <input type="checkbox"/> Digital Display <input type="checkbox"/> Calendar
			Date _____