

**IUPUI Campus Center
Departmental Room Request Authorization Form (Optional)**

IUPUI departments/schools may submit this form to give authorization to specific faculty and staff to make room and equipment requests and cancellations on behalf of this specific department. This form must be re-submitted anytime there are personnel changes.

This form is optional for IUPUI departments/schools. This is not a room request form.

Department Name: _____

School (if applicable) _____

Department Head or Dean _____

Employee ID # _____ Phone _____

Email _____

In addition to the department head/Dean, the following individuals are authorized to make room and equipment requests, and cancellations on behalf of the department listed above. Only campus phone numbers and email address will be accepted.

1. Name _____ Employee ID # _____

Phone: _____ Campus address _____

Email _____

2. Name _____ Employee ID # _____

Primary Phone: _____ Campus Address _____

Email _____

3. Name _____ Employee ID # _____

Primary Phone: _____ Campus Address _____

Email _____

Department Head or School Dean

Date

Return form Campus Center Administration, CE 278 or fax to 278-0828

FOR OFFICE USE ONLY:

Date Entry **ini** _____ **Date** _____ **2/2008**