EDP Room Check-out Request Form

Student Name: ___________________________________________ Banner ID: @ __________________________

Student E-mail: __________________________________________ Student Phone Number: __________________

Date Needed: _______ Time Needed: _______ Specific Room Requested: __________________________

Equipment/Materials Needed: _________________________________________________________________

Additional Information: ______________________________________________________________________

*Room Policies: Students may only schedule a room for up to 3 consecutive hours within one day. Lab and Clinic rooms will be under constant surveillance. Students may not go over his/her allotted time in the room. Please call to cancel your room reservation right away. If a student is more than 10 minutes late and there are other students waiting to use a room his/her room reservation will be cancelled.

For Office Use Only:

_____ Scheduled on Calendar  _____ This Form Filed into Room Reservation Binder

_____ Confirmed with Student  _____ Other: __________________________________________

_____ Student Read Room Policies

_________________________________________________________________________________________

EDP Staff Signature ___________________________ Date ___________________________

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