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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