

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
____ Confirmed with Student
____ Student Read Room Policies

____ This Form Filed into Room Reservation Binder
____ Other: _____

EDP Staff Signature

Date

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