



Campus Police Request Form

Event Location: Athletic Field(s) (Specify) _____

Building _____ Room: _____

Contact Information: Name _____ Phone _____

Student Organization: _____ Email: _____

Sponsor: President's Office ___ Academic ___ Student Affairs ___

Administrative Services ___ Foundation/Alumni Affairs ___ Other (Name) _____

Event Information

Please note that all programs scheduled outside of the University's standard working hours are subject to billing charges at the non-business hour rates.

Date of Event: _____ Start Time: _____ End Time: _____ Est. Attendees: _____

Purpose/Description of Event: _____

Will the event be advertised? Yes No If yes, where? _____

Is event open to the general public? Yes No Cash Exchanges? Yes No

Recommended Officers: _____ (To be completed by the Chief of Police or designee.)

Parking: Estimated number of spaces needed _____

Special Needs: _____

FOR OFFICIAL COLLEGE USE ONLY

Approved Denied

Comments: _____

Signature _____ Date _____

Advisor

Signature _____ Date _____

Office of Student Life/ VPSA

Signature _____ Date _____

Campus Police