



OFFICE OF STUDENT LIFE

LANGSTON UNIVERSITY

EXTERNAL FACILITY USE REQUEST FORM

Contact Person:

Date:

Organization:

Email:

Telephone:

Alternate Contact Number:

LU Sponsor(s): None President's Office Academic Affairs Student Affairs

Administrative Services Foundation/Alumni Affairs Other

Sponsor's Contact Name and Number:

Requested Location(s):

Event Information:

Please note that all programs scheduled outside of the University's standard working hours (8 a.m. - 10 p.m. on week days and weekends) are subject to billing charges at the non-business hour rates.

Event Date:

Start Time:

End Time:

Purpose/Description of Event:

Expected Attendance:

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

Will the event be open to the general public? Yes No

Will food be served? Yes No

Name of Caterer:

Tables Needed? Yes No Quantity

Set up? Lecture

Chairs Needed? Yes No Quantity

Classroom

Podium(s) Needed? Yes No Quantity

Circle

Trash Cans Needed? Yes No Quantity

Stage Unit Needed? Yes No Quantity

A/V Equipment needed? Yes No Type:

Campus Police: The Office of Student Life will determine if officers are required.

Will goods or services be offered for sale? Yes No **(if yes, contact Sodexo at ext. 3359)**

Parking: (Estimate of number of spaces needed)

Special Needs:

Insurance: Groups must furnish current insurance policy at time of request. Liability policy must be in the amount of 1 million/3 million/\$3,000,000.

Request MUST be submitted to the OSL a minimum of fourteen (14) business days prior. Request can be sent via e-mail to studentlife@langston.edu. This form must be completely filled out in order to be processed and approved.

The completion of this form does not guarantee the security of the request. All requests are subject to cancellation upon the review by the OSL and or the Division of Student Affairs.

Langston University reserves the right to change facility assignments or cancel any previously scheduled event if such change or cancellation is made to meet the needs of the university.

Signature

Date

FOR OFFICIAL USE ONLY

Approved Denied Insurance: Yes No Fee: _____

Comment _____

Signature _____ Date _____

Director of Student Life