IUPUI University Library Student Organization Room Request Authorization Form

Each year, registered student organizations must submit this form to give authorization to specified members to be able to make room and equipment requests and cancellations on behalf of the organization. This form must be renewed every year, preferable on or before August 1st for the upcoming academic year. The president and faculty/staff advisor can submit this form with any necessary changes as needed during the academic year.

Incomplete forms will not be processed (omitted ID #’s, no advisor name and/or signature(s)).

Organization Full Name: ________________________________________________________________
President: ________________________________ Student ID#______________________________
Phone: ________________________________ IUPUI Email: ________________________________

Faculty/Staff Advisor: _________________________ Employee ID#_____________________________
Phone: _____________________________ IUPUI Email______________________________

In addition to the president and faculty/staff advisor, the following students are authorized to make room and equipment requests, and cancellations on behalf of the student organization during the academic year listed above.

Name: ______________________________________ Student ID#_____________________________
Primary Phone: _______________________ Alt. Phone: _________________________
IUPUI Email: ___________________________ Title: _____________________________

Name: ______________________________________ Student ID#_____________________________
Primary Phone: _______________________ Alt. Phone: _________________________
IUPUI Email: ___________________________ Title: _____________________________

Name: ______________________________________ Student ID#_____________________________
Primary Phone: _______________________ Alt. Phone: _________________________
IUPUI Email: ___________________________ Title: _____________________________

President’s Signature: ___________________________________________________ Date: __________
Faculty/Staff Advisor’s Signature: _________________________________________ Date: __________

Return form to UL Event Management Services UL 4135K, or email scanned PDF copy to ULEMS@IUPUI.EDU.

FOR OFFICE USE ONLY

SUBMITTED: __________ APPROVED: __________ INT: __________