



# ***SCSU*** **Facility Request Form**



## CONTACT INFORMATION

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First Name

Last Name

Address

City

State

ZIP Code

E-mail

Phone

Billing Information for security coverage (if different from above)

Requesting Organization/Department

Name/Type of Activity (i.e. Leadership Award Banquet, Faculty Luncheon, etc)



## BUILDING INFORMATION

*Rooms, rates and resources are subject to availability. Book your reservation at least five (5) days in advance. Security coverage require that this form be submitted in person to the University Police Department (<http://police.scsu.edu/>) 14 days prior to event start date. Please allow 2 weeks for processing of your usage request. Once your request has been approved, a contact will be sent to the email address and/or physical address provided.*

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Each Building Request needs a separate form.

Building Requested

Room/s Requested

Dates Requested

1st Choice (mm/dd/yyyy)

2nd Choice (mm/dd/yyyy)

Time of Activity (Facility will be available a half hours before and after the activity)

Begin Time (HH:MM am/pm)

End Time (HH:MM am/pm)

How much additional set-up time do you need prior to activity begin time. (hours)

Expected Attendance

All food services must be coordinated by the SCSU Food Service: Mr. Pinckney (803) 536-8467

Will Food Services be needed?

Yes      No

All security coverage must be coordinated by campus police: (803) 536-7188

Will Security Services be needed?

Yes      No

How many officers to you require?

**PLEASE CHECK EACH ITEM REQUIRED AND FILL IN QUANTIITES WHERE APPLICABLE**

Tables How many?

Yes      No

Chairs

Yes      No

Microphones

Yes      No

Podium

Yes      No

Sound System

Yes      No

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**ADDITIONAL INFORMATION**

I have read and understand the above rules and regulations and will abide by all of the University's policies and procedures. My agencies, organization or group will be informed of all of the above.

Requestors Name

Requestors Signature

Date

*Copies of the completed form need to go to the following entities:*

- 1. The Building Owner*
- 2. The Facility Department*
- 3. Campus Police*

**BUILDING OWNERS**

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**FOR OFFICIAL USE ONLY**

Request Received By

Office

Date

Approve

Approver

Date

Yes

No

Approve

Approver

Date

Yes

No

Comments

