



Related User Space Use Request Form

Event Name: _____
Event Date & Time: _____
Expected Number of Attendees: _____
Building(s) & Room(s) Requested: _____

Faculty/Staff Contact Information

Name: _____
Phone: _____ Alternate Phone: _____
Email address: _____

Related User [check one and insert name]:

- SUNY Adirondack Foundation or Faculty Student Association
- Student Organization - _____
- External Organization* - _____
- Inter-Campus Organization - _____
- Warren or Washington County Administrative Unit - _____
- Alumni Organization

* *this organization is partnering with a College department or division to offer an educational program or service to benefit the campus community, describe:*

how are faculty/staff partnering: _____
what educational program or service is being provided: _____
how does this event benefit the campus community: _____
attach MOU/MOA with external organization

I will be the Responsible Employee for this event per policy # 3603 Facility Use, completing the tasks listed in Appendix A.

Faculty/Staff Signature: _____ Date: _____
Director, Dean or Division Chair Signature: _____ Date: _____

Submit completed form to the Events Coordinator via email events@sunyacc.edu

FOR OFFICE USE ONLY

Additional Services Estimate: \$ _____

Director of the Faculty-Student Association

Date

Vice President for Administrative Services and Treasurer

Date