Exemption Request Form
For Use By: Chartered Student Organizations

Name of Organization ________________________________________________________________

Phone: ______________________ Email: ________________________________

Please indicate the nature of the request:
☐ To use more than three (3) rooms per week free of charge
☐ To use rooms for a conference, or like event
☐ To be excused from charges/fees that will be implemented by the SUB

Please state the dates, times and rooms being requested:
Room Name: __________________ Date________ Time: _______ to ______
Room Name: __________________ Date________ Time: _______ to ______
Room Name: __________________ Date________ Time: _______ to ______
Room Name: __________________ Date________ Time: _______ to ______
Room Name: __________________ Date________ Time: _______ to ______

Please state the purpose of the request, fully explain why your organization should be excused, and describe from what charges your organization would like to be excused from (if applicable).

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name: ______________________ Date: ______________________________

Authorized officer requesting exemption

Signature: _________________________________________________________________

Student Union Building Scheduling Office use only
☐ Approved
☐ Declined
Name: ______________________ Date: ______________________________