

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

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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 \_\_\_\_\_

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). *You may attach one (1) additional page if needed.*

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Authorized officer requesting exemption*

Signature: \_\_\_\_\_

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*Student Union Building Scheduling Office use only*

Approved

Declined

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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