

## Request Form to Use Specialized Space

Space Requested:	
Purpose:	
Requested by:	
Title:	Dept.:
Request to use:	
Room:	
Equipment: (specify):	
Cost:	
Technical Assistant:	
# of hours x	
Materials (specify):	Equipment:
Paper	Camera
Toner	Sound System
	Sound System
Kiln	
Clay	
Paint	
Other: Specify	

## Contract to Use Specialized Space

The Department/Program of	ofhas agreed to allow the use of room(s)	
On date(s) and time(s):		
It is understood that the fol Technical Staff: No. of ass Hours employed Rate per hour	lowing costs will be borne by the user: sistants Total:	
Equipment/Materials: Paper Toner Clay Paint Other: specify		
The total cost for the use of this specialized space will be transferred from the account to the		
The Department using the space agrees to comply with all posted regulations concerning the use of that space and will be responsible for any damage to the space and/or the equipment therein. The space is to returned to the lending department in the condition in which it was received (i.e. arrangement of furniture, unlettered, locked and alarmed, where pertinent, etc.)		
Signature of Department/Program Chair of lending Department: Date		
Signature of Department /Program Chair of borrowing Department: Date		
Signature of Divisional Dean(s): Date		