



## 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](mailto:events@sunyacc.edu)

### **FOR OFFICE USE ONLY**

Additional Services Estimate: \$ \_\_\_\_\_

\_\_\_\_\_  
Director of Auxiliary Services Signature Date

\_\_\_\_\_  
Vice President for Administrative Services and Treasurer Date