

Policy Waiver Request Form

Name of Group: _____
Group Representative: _____
Phone #: _____ Email: _____
Date(s) of Event(s): _____
Time(s) of Event(s): _____ Reservation ID #: _____
Location(s) of Event(s): _____

Reason for request:

- 6 Month Facility Booking Policy (Please specify why you need to schedule your event more than 6 months in advance.)
- Payment and/or charges (Please specify below or on an attachment. Include payment schedule if requesting a payment plan. If requesting waiving of fees please specify why the fees should be waived for your event.)
- Other (Specify below or on an attachment the nature of the request and why the policy should be waived for your reservation.)
- Equipment Storage Waiver for SC:
(I, the undersigned, understand and agree that the Student Center is not liable for any damage and/or loss of equipment/materials placed in storage for my event/meeting on (Date) _____ .

Describe request below or attached letter to form:

X _____
(Signature of Client)

Office use only

- Approved**
- Approved with noted adjustments**
- Not Approved**

Bridget Portier
Interim Executive Director,
Student Center

Other Signature as Required
(UH Dining Services, UH Bookstore Mgr, etc.)
(Revised Jan 2025)