



REQUEST FORM

PERMISSION TO SERVE ALCOHOL

Requestor's Name: _____ **Life Number:** _____

Telephone: _____ **Building Number:** _____

Activity: _____

Date: _____ **Start and End Time:** _____

Location: _____

Department/Group: _____ **Number of People:** _____

Host/Person in Charge (please print): _____

As Host, I understand it is my responsibility to make every effort to limit the quantity of alcohol served and to prevent individuals from driving, if impaired, or returning to work.

Host's Signature

Dept. Chairperson/Division Head Signature

Return completed form with Host's signature and Department Chairperson/Division Head's signature to Christine Ronick, Staff Services, Building 179B.

(No alcohol may be served during sports activities until games are completed.)

Approved: _____

Director's Office