



Central New Mexico Community College

### FACILITY USAGE AUTHORIZATION FORM

*INSTRUCTIONS: This form is to be completed, signed, and turned into Security three days prior to the planned activity. The form is to be used for all activities scheduled for weekend, holidays, after hours and for those activities not normally held in the requested room. The form should be signed by the Department Dean or designee. A copy of the approved request will be returned to the sponsor.*

TYPE OF ACTIVITY: \_\_\_\_\_

DATE OF THE ACTIVITY: \_\_\_\_\_ SPONSOR: \_\_\_\_\_

DAY(S) OF THE WEEK: SAT SUN MON TUE WED THUR FRI

TIME OF ACTIVITY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ROOM(S) AND/OR OTHER FACILITIES TO BE USED: \_\_\_\_\_

**SERVICES REQUESTED: CHECK EACH ONE DESIRED**

DOOR OPEINING: \_\_\_\_\_ ALARM: \_\_\_\_\_ CLEAN UP AFTER ACTIVITY: \_\_\_\_\_  
TURN OFF: \_\_\_\_\_ HEATING/AIR CONDITIONING: \_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_  
AUDIO-VISUAL: \_\_\_\_\_ (ARRANGEMENTS TO BE MADE SEPARATELY IMR DEPT.)

DESCRIBE ACTIVITY AND ANY SPECIAL SERVICES WHICH ARE REQUIRED: \_\_\_\_\_

**ATTACH ANY ADDITIONAL INFORMATION**

SPONSOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT HEAD OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECURITY USE ONLY**

RECEIVED DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRIBUTION: Sponsor/Dispatch/All Security Supervisors/All Security Campuses