CHARTERED STUDENT ORGANIZATION
CNM FACILITY USAGE AUTHORIZATION FORM (FUF)

INSTRUCTIONS: This form is to be completed, signed, and turned into Student Activities Office four (4) weeks prior to the planned event/activity. This form is to be used for all CSO event(s)/activities. This form is to be signed by CSO Advisor, the Student Activities Coordinator and the Dean of Students. A copy of the approved form may be request by the CSO Advisor. A copy will be sent to CNM Security for proper notification. **NOTE:** All audio/visual equipment must be reserved by the CSO Advisor. Advisors are responsible for all audio/visual equipment during the CSO event.

TYPE OF ACTIVITY: ____________________________________________________________

DATE OF THE ACTIVITY: ______________ CSO ADVISOR: _________________________

DAY OF WEEK (circle applicable days): SAT SUN MON TUE WED THUR FRI

TIME OF ACTIVITY: FROM ___________ AM/PM TO ___________ AM/PM

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

SERVICES REQUESTED (Check each one that is required):

- Door Opening
- Alarm Turned Off
- Heating/Air Conditioning
- Clean Up after Activity
- Lounge (note access time)
- Audio - Visual (arrangements to be made separately)
- Vending Machines (note access times)
- Other (Specify)

DESCRIBE ACTIVITY AND ANY SPECIAL SERVICES WHICH ARE REQUIRED:
Please attach any additional information/documentation.

SIGNATURE of CSO ADVISOR: ____________________________

DATE: ______________________

SIGNATURE of DEAN OF STUDENTS: ____________________________________________

DATE: ______________________

SECURITY USE ONLY

RECEIVED: TIME: ___________________________ DATE: ______________________

APPROVED: ___________________________ DATE: ______________________