

CASS SPACE REQUEST FORM

Part I: Requestor/Unit Contact Information

Name:

Phone:

Email:

Date:

Part II: Desired Space

Request is for: *(check all that apply)*

Additional space to support a new or expanded activity

Relocation from an existing space

Desired Location *(geographic or specific building):*

Desired move in date _____

Part III: Purpose of Request

Briefly describe the need for space and the reason you are requesting space.

Part IV: Approval of Request

Signature of CASS Director: _____

Printed Name: _____ Date of Approval: ____/____/____