



# HEALTH PROMOTIONS REQUEST FORM

Please return completed requests to the Student Health Center. A member of the Student Health Center staff will contact you regarding your request. Please note deadlines for submitting your request, highlighted in red. Once scheduled, you are responsible for reporting any changes, including cancellations, to the Student Health Center. If changes to the time or date of your event occur after it has been scheduled, we cannot guarantee our services. Any fees associated with your event are your responsibility.

**NOTE: Request for speakers or educational materials must be received at least 3 weeks in advance. All campus events require additional approval through the Office of Event Services at least 45 days prior to the event.**

Event Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Organization Name: \_\_\_\_\_

Student Representative: \_\_\_\_\_

Representative Phone No: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date of event \_\_\_\_\_ Time \_\_\_\_\_ Preferred location \_\_\_\_\_

Brief description of requested event:

\_\_\_\_\_  
\_\_\_\_\_

What SHC Staff/services is needed? \_\_\_\_\_

Is this a campus event? yes or no (If yes, additional approval may be needed through the Office of Event Services).

## BY SIGNING BELOW:

You agree to comply with the terms of this agreement, and to adhere with the policies of the university. You understand that scheduling a campus event requires additional approval through the Office of Event Services at least 45 days prior to the event.

**REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Office Use:

**Date Received:** \_\_\_\_\_ **Approved/Denied by/reason:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **/Date** \_\_\_\_\_

