

APPLICATION FOR ROOM RESERVATION OF LEARNING COMMONS

CONTACT DETAILS:	ROOM REQUIREMENT	ROOM NO.:
NAME:	DATE REQUIRED:	
STUDENT NUMBER:	START TIME:	
DEPARTMENT:	END TIME:	
CONTACT NUMBER:	PURPOSE:	

I agree to be bound by the Learning Commons Acceptable Use Policy and understand that the violation of the policy will result to the suspension of my access privileges and that school disciplinary action or appropriate legal action may be taken.

CONFORME:

Signature of Student Over Printed Name

RECEIVED AND CONFIRMED:		INSPECTED BY:
_____ Signature Over Printed Name	Date	_____ Signature Over Printed Name
LIBRARIAN IN CHARGE:		REMARKS:
_____ Signature Over Printed Name	Date	

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