

## Policy Waiver Request Form

Name of Group: \_\_\_\_\_  
Group Representative: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Date(s) of Event(s): \_\_\_\_\_  
Time(s) of Event(s): \_\_\_\_\_ Reservation ID #: \_\_\_\_\_  
Location(s) of Event(s): \_\_\_\_\_

### Reason for request:

- 6 Month Facility Booking Policy (Please specify why you need to schedule your event more than 6 months in advance.)
- Payment and/or charges (Please specify below or on an attachment. Include payment schedule if requesting a payment plan. If requesting waiving of fees please specify why the fees should be waived for your event.)
- Other (Specify below or on an attachment the nature of the request and why the policy should be waived for your reservation.)
- Equipment Storage Waiver for SC:  
(I, the undersigned, understand and agree that the Student Center is not liable for any damage and/or loss of equipment/materials placed in storage for my event/meeting on (Date) \_\_\_\_\_ .

Describe request below or attached letter to form:

  X   \_\_\_\_\_  
(Signature of Client)

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

Office use only

- Approved**
- Approved with noted adjustments**
- Not Approved**

\_\_\_\_\_  
Dr. Rob Stagni  
Executive Director,  
Student Center

\_\_\_\_\_  
Other Signature as Required  
(UH Dining Services, UH Bookstore Mgr, etc.)  
(Revised Jan 2025)