



REQUEST FOR PERMISSION TO SERVE ALCOHOL

Campus:

Organization/Department.:

Date of Function: Hours: *(from)* *(to)*

Type of Function:

Location of Function:

Advisor/College Official(s) to be Present:

Number of Police Officers Required:

Type(s) of Alcohol to be Served:

College Administrator/Student Organization Advisor Responsible for Enforcing College Policy and Procedures for Serving Alcohol during the Function:

Signature

Date

Title

Signature Approvals:

Appropriate Vice Chancellor

Date

Chancellor

Date