

# FACILITIES AUTHORIZATION CHANGE REQUEST FORM

This form requires signatures and, therefore, **must be printed out**, completed and returned to:  
**LSC-PA FINANCE OFFICE - PROPERTY MANAGER (6123)**  
1501 PROCTER STREET

Date: \_\_\_\_\_

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

Department: \_\_\_\_\_

Building Name: \_\_\_\_\_

I wish to request a change in room \_\_\_\_\_

## CHANGES:

**Room Number** \_\_\_\_\_ **Room Size** \_\_\_\_\_

**Room Capacity** \_\_\_\_\_ **Room Usage** \_\_\_\_\_

**Room Type** \_\_\_\_\_ **CIP Code** \_\_\_\_\_

**Other** \_\_\_\_\_

**Explanation/Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPROVED BY:

Department Head \_\_\_\_\_ Date: \_\_\_\_\_

Dean \_\_\_\_\_ Date: \_\_\_\_\_

Director of Plant Facilities \_\_\_\_\_ Date: \_\_\_\_\_

VP of Student Service \_\_\_\_\_ Date: \_\_\_\_\_

VP of Finance \_\_\_\_\_ Date: \_\_\_\_\_

VP of Academics \_\_\_\_\_ Date: \_\_\_\_\_

President \_\_\_\_\_ Date: \_\_\_\_\_

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