

**REQUEST TO USE THE CONFERENCE ROOM/
PERFORMING ARTS STUDIO (Student Center) and Joaquin Gonzales Parking Lot**

Date: _____

Office/Organization : _____
 Name of Activity/Purpose : _____
 Date of Activity : _____ Time : _____
 Room Requested : [] Conference room [] Performing Arts Studio
 * [] Joaquin Gonzales Parking Lot

No. of Persons/Attendees : _____

 SIGNATURE OVER PRINTED NAME Contact Number/s: _____
 (Requesting Office/Organization)

Action Taken: [] Approved Remarks: _____
 [] Disapproved _____

PROF. ODESSA N. JOSON, MA
 Director, Office of Student Affairs

POLICIES:

1. Request to use the OSA facilities between 8:00am to 5:00pm, Mondays thru Fridays must be submitted at least two (2) days before the activity date and request beyond 5:00pm until 8:00pm must be submitted at least three (3) days before the activity date.
2. No slippers, leather shoes and sandals will be allowed inside the Performing Arts Studio.
3. Always observe cleanliness inside the room.
4. A photocopy of the approved request must be submitted to the Guard on Duty for security and monitoring purposes and for the issuance of the key.
5. Lost keys, fixtures and equipment shall be replaced by the concerned person/organization
6. Damaged facility due to misuse or negligence shall be charged to the user for repairs and/or replacement.
7. Air conditioning units will be turned on 30 minutes before the activity starts.
8. All lights and air conditioning units must be turned off immediately after the activity.
9. The Office of Student Affairs (OSA) must be informed of any changes in the use of the facilities at least a day before the scheduled use.
10. All door/s of room must be locked immediately after use.
11. Students/Student organizations using the conference room or studio are required to bring their own equipment needed for the activity in the conference room/studio.
- * 12. NEDA Parking Lot: Please secure the permission of the Office of the University Registrar (OUR) after the OSA has approved the activity.

Conforme: _____
 Signature Over Printed Name

PURSUANT TO DATA PRIVACY ACT OF 2012, I am giving permission to the Office of Student Affairs for the lawful use of my personal information. I further certify that the information contained are true and correct.

 (Signature over printed name)

