



Student Academic Facility Request Form

This request will not be processed unless you have the required signatures.

SUBMIT A MINIMUM OF TWO WEEKS IN ADVANCE.

First Name	Last Name	ID #
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Email Address: _____

STEP 1: IDENTIFY LOCATION

Building: _____	Room #: _____
Date(s): _____	Start Time _____
1	End Time _____
2	
3	

*Security Coverage Required? YES: _____ NO: _____

If yes, please see Page 2: Policies #9

STEP 2: IDENTIFY PROJECT

Brief Description _____

Number of Participants/ Crew Members: _____

Number of Non-Academy Student Participants: _____

**Attach list with full names and ID# (AAU students). Only individuals on the list will be allowed to participate.*

Equipment/ Props being used on location: _____

**Attach extra sheet if required.*

STEP 3: DIRECTOR APPROVAL

Directors: Do not sign this if Step 1 & 2 are incomplete.

I have reviewed and approve this student's project plans as stated above.

Department Director (print name): _____

Signature: _____ **Date:** _____

STEP 4: STUDENT AGREEMENT

By signing below, I agree to the following:

*I understand I am responsible for any fees associated with security, technical support & janitorial costs. **Tech support is mandatory at 466 Townsend, Rooms 100, 103, 106 and 109.**

* I will provide this form to security staff in charge at the location at the time of my reservation.

* I have read and agree to the Facility Request Policies provided.

Student

Signature: _____ **Date:** _____

STEP 5: EXECUTIVE OFFICE APPROVAL

****After steps 1-4 are complete, scan and email this form to TSIDHU@ACADEMYART.EDU.***

Signature: _____ **Date:** _____

**Once your request is reviewed, this form will be emailed back to you on the email address you provided above.*

STEP 6: SUBMIT TO SECURITY

On the day of the project, submit this completed form to campus host at the location.



Academic Facility Request Policies

PLEASE READ BELOW PRIOR TO SIGNING FACILITY REQUEST FORM

1. Approval is contingent on submission TWO WEEKS prior to the date requested.
2. Students must complete the Facility Request Form and obtain all signatures required. Facilities are available for academic purposes and student activities, not for personal projects and private gatherings.
3. ALCOHOL AND SMOKING ARE NOT ALLOWED IN ANY FACILITY
4. All roofs, hallways, elevators, stairwells, loading areas, offices and administrative areas and galleries are off limits.
5. Students are responsible for cleaning and returning the space to its original condition.
6. If applicable, a cleaning fee determined by the Business Operations Department will be charged to the student.
7. Students may not remove any furniture from a location.
8. Students must not block any entrances, exits, hallways, stairwells, elevators, bathrooms and office areas with equipment.
9. If you are requesting a time after normal building hours a Security Request Form will be submitted on your behalf and you will be responsible for the costs for this security in the amount of \$36.00 per hour and is payable at Accounts Receivable department. (See Page 3)
10. Props which are unsafe, a fire or health hazard are not permitted. Use of smoke generating devices is not permitted indoors.
11. Students must be respectful and considerate while using all facilities.
12. Students are responsible for any damage to property they may cause.
13. Students must have proper knowledge of all equipment being used. If an electrical hazard occurs during any project, student must contact location security immediately. Tampering with building electricity is not allowed.
14. If you plan to use non-Academy facilities for projects you must secure permits from the proper authorities.
16. This form does not apply to housing facilities.
17. Academy of Art University reserves the right to cancel or discontinue facility use, at its sole discretion, with or without cause. If cancellation is due to safety or security, natural disaster, or other University issue, a refund will be provided.

Additional Policies for 466 Townsend

1. Rooms 100, 103, 106 & 109 require a \$250.00 deposit for student use.
 - * Check should be payable to Academy of Art University
 - * Check must be submitted to the Accounts Receivable department at 150 Hayes St., 4th Floor
 - * Deposit is refundable pending the condition of the facility after conclusion of the project. Please be sure the set and props are all returned to their original condition.
2. Rooms 100, 103, 106 & 109 at 466 Townsend: These classrooms require that a tech be present while students are using the room. Students are responsible for the cost of technical support in the amount of \$26.00 per hour and is payable at the Accounts Receivable department located at 150 Hayes St., 4th Floor.

*****ALL MEMEBERS OF AAU SECURITY PRESENT AT THE EVENT RESERVE THE RIGHT TO TERMINATE OR PLACE A HOLD ON ANY STUDENT PROJECT DUE TO UNACCEPTABLE ACTIVITY.**



Security, Tech Support & Janitorial Request

Hourly rate for AAU security: \$36.00 per hour

Technical support rate for 466 Townsend facilities: \$26.00 per hour

Security deposit for 466 Townsend, Rooms: 100, 103, 106, 109: \$250.00

Janitorial rate for one time use of facility outside of building hours: \$20.00 per one-time use.

INSTRUCTIONS

1. Fill out this form with approved event information and submit to TSIDHU@academyart.edu.
2. After receiving approval, take form to Accounts Receivable department at 150 Hayes St, 4th floor.
3. Be prepared to make the full payment listed on this form under the total fees owed section.
4. Scan and email the receipt and this form to tsidhu@academyart.edu and kwernick@academyart.edu.
5. Student facility request forms will not be approved until receipt is received.

STUDENT INFORMATION			
First Name:		Last Name:	
		ID #	
Email Address:			
APPROVED LOCATION			
Building:		Room #:	
APPROVED DATES			
Date(s):	Start Time	End Time	TOTAL HOURS
TOTAL FEES OWED			
SECURITY	Total # of Hours:	X 36.00 (hourly security fee) =	(Total cost - Security)
TECH SUPPORT	Total # of Hours:	X 26.00 (hourly tech support)=	(Total cost - Tech Support)
JANITORIAL	Total # of Days:	X 20.00 (one time janitorial fee)=	(Total cost - Janitorial)
FACILITY DEPOSIT			\$250.00
TOTAL FEES: \$			
EXECUTIVE OFFICE APPROVAL			
Print Name: _____		Extension: _____	
Signature _____		Date: _____	
ACCOUNTS RECEIVABLE			
<i>I agree that I have received payment in full by the student listed on this form for the use of security, tech support, janitorial services or facility deposit.</i>			
PRINT NAME:		DATE:	
*Security fees allocated to GL Code: 621178		<i>Please include student's first name, last name, event location (building only) and date for the detail report.</i>	
*Tech support fees allocated to GL Code: 10-511190-1200			
*Facility deposit fees allocated to GL Code: 10-202130-9900			
*Janitorial fees allocated to GL Code: 621180			

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