

METROCENTER Room Request Form

Please print and complete all fields.

Date needed: _____

Name: _____

Please Indicate: Faculty/Staff Student Other _____

Department _____

Phone number _____ (a.m.) / _____ (p.m.)

E-mail: _____

Fax _____

Course Title _____

Number/Section _____

Meeting Title (for signs) _____

Time: _____ a.m. /p.m. to _____ a.m. /p.m.

Signature _____ Date _____

Room Type

Classroom
32 people

Seminar A
4-12 people

Seminar B
13-20 people

Seminar C
24 people

Please Note: *If A. V. Equipment is needed, please complete an A. V. Request form at the third floor administrative area or online at:*

<http://www.brockport.edu/metrocenter/MetroForms.htm>

Office Use Only

Date Received: _____

Room number: _____

Staff Initials: _____

Confirmation _____

Room Assigned By: _____