## **Requestor's Contact Information**

behalf of a:Name of Organization or DepartmentInjustice RName of RequestorBella PorcEmailbporch8@	
DepartmentBella PorcName of RequestorBella PorcEmailbporch8@	he
Email bporch8@	
	lsu edu
	1541.044
Phone 66147097	28
Faculty Advisor's Name Stephen F	inley
Faculty Advisor's Email scfinley@l	su.edu

Name of Meeting/Event	Let's get Active
Building	Dodson
<b>Dodson Room Number</b>	100
Number of Rooms	1
Number of Seats per Room	354
Days of the Week	Thursday
Beginning Date	Sep 24, 2025
End Date	Sep 24, 2025
Beginning Time	06:00 PM
End Time	08:00 PM

## Acknowledgement

In all classroom spaces, sanitation stations and disinfecting wipes are in each room. Additionally, classrooms have been equipped with HEPA filtration systems, which should remain "ON" at all times. Removing disinfecting materials, altering the seating in any way, and/or unplugging/turning off the **HEPA** filtration system is considered vandalism of university property. If your group is found to violate this policy, you may be referred to the Office of **Student Advocacy and** Accountability and you will be banned from reserving classroom spaces for one calendar year.

I have read and understand the statement regarding consequences for tampering with university property.

I am aware that no food or drink is allowed in any general purpose classroom. I understand that disregarding this rule may jeopardize future reservation requests.

I am aware of the policy.

I understand that this submission I am aware of the policy. is a request for space, but my above preference(s) may not be available. My reservation will only be guaranteed once I receive confirmation via email.

I am aware that if my request is not submitted at least ten business days prior to the first meeting/event occurrence, the LSU Office of the University Registrar reserves the right to deny the request. I also understand that if my request is not for the current term, it will not be processed until the dates outlined on the OUR website.

I am aware of the policy.

I authorize that all information provided on this form, including any and all personal, financial and academic data may be shared with the LSU Office of the University Registrar and appropriate partners to facilitate the process. This data will be securely retained indefinitely. To learn more about privacy at LSU, please visit lsu.edu/privacy

I authorize.