



Space Move and Use Change Form

Complete this form for any occupant or room use changes. Enter any notes pertaining to the space move under the comment section.

Move / Change

Select One:

- Occupant change
- Occupant and room use change
- Room use change
- Space is newly acquired by the department

Occupant: _____ Department: _____

Occupant Group: Director Faculty Staff Student Other: _____

Room Use: Office Storage Classroom Registrar Initials: ____ Other: _____

Current Location:

Building Name: _____ Room #: _____

- This department no longer occupies this space.

New Location:

Building Name: _____ Room #: _____

Effective Dates: Complete only if move is temporary

Start Date: ___/___/___ End Date: ___/___/___

Comment: _____

Contact Information

Name: _____ Phone #: (____) ____ - ____ Email: _____

Authorizations

Requesting Department: Department which is moving into, or acquiring, the space indicated above.

_____	_____	____/____/____
Printed Name	Signature	Date
Occupant of Requesting Department		

_____	_____	____/____/____
Printed Name	Signature	Date
Head of Requesting Department		

Current Occupant: Department vacating the space indicated the space indicated above.

_____	_____	____/____/____
Printed Name	Signature	Date
Occupant of Current Occupying Department		

_____	_____	____/____/____
Printed Name	Signature	Date
Head of Current Occupying Department		