



Room Request Form

525 Orr Drive | 104 Coleman Library | Tallahassee, FL 32307
 Phone: 850-599-3460 | Fax: 850-599-3385 | Email: oit@fam.u.edu | http://www.famu.edu/it

9 month Faculty 12 Month Faculty Staff

Name: _____

Phone Number: _____ Email: _____

College/ School/ Department: _____

Campus Address: _____

Please Select One:

- Faculty/Staff Computer Lab (Room 115)
- Video Conferencing Room (Room 117)
- Instructional Technology Annex (A113)

Room Capacity

- Room 115 – 20 Computer Stations
- Room 117 – 40 Seats
- Room A113 – 30 Computer Stations

Number of participants

Dates (Attach additional sheet if necessary):

| Date(s) | Start Time | End Time |
|---------|------------|----------|
| | | |
| | | |
| | | |
| | | |

Type of Event/Activity (Please provide a brief description):

Equipment Needed:

LCD Projector DVD Player Computer Other: _____

Video Conference Multipoint (Bridge) Conference

IP Address: _____ Technical Contact: _____

For Official Use Only:

Approved Not Approved

OIT Signature: _____ Date : _____