

Room Request Form

525 Orr Drive | 104 Coleman Library | Tallahassee, FL 32307
Phone: 850-599-3460 | Email: oit@famuedu | www.famuedu

9 month Faculty

12 Month Faculty

Staff

Name: _____

Phone Number: _____ Email: _____

College/ School/ Department: _____

Campus Address: _____

Please Select One:

Room #

Room Capacity

- | | | |
|---|-----------|---------------------------|
| <input type="checkbox"/> Faculty/Staff Computer Lab | Room 115 | 20 Computer Stations Room |
| <input type="checkbox"/> Video Conferencing Room | Room 117 | 40 Seats |
| <input type="checkbox"/> Instructional Technology Annex | Room A113 | 30 Computer Stations |

Dates (Attach additional sheet if necessary):

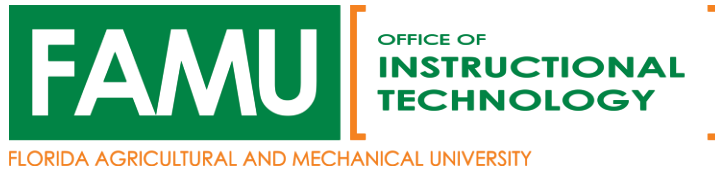
Number of participants

Date(s)	Start Time	End Time

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

Official Contact for Event

Name: _____ Phone/Email: _____



Equipment Needed:

- Instructor workstation/Classroom computer
- LCD Projector/Display
- Document Camera
- Video Conferencing (specify platform: Zoom/Teams/WebEx/other: _____)
- Multipoint (bridge) conference
- DVD Player
- Specialized software (list):
- Additional monitors/HDMI adapter/dongles
- Microphone/speakers/recording
- Other (please describe): _____

Video Conferencing Details

IP Address: _____ Technical Contact: _____

Accessibility & Services

Will you need ADA or other accommodations? No Yes

Please describe: _____

Will food/beverages be provided (Only available in Room 117)? No Yes

Please describe (catered/boxed/snacks): _____

Will you require OIT staff/technician on site? No Yes (*Must request at least 5 business days prior)

Will you require special setups? _____

Requester's Responsibilities (Please initial each)

- _____ I understand rooms must be left clean, furniture/equipment returned to original configuration, and personal items removed.
- _____ I will include setup and tear-down time in the requested reservation.
- _____ I will cancel at least 48 hours in advance if plans change.
- _____ I will obtain consent before recording and will follow FERPA/privacy policies.

For Official Use Only:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
OIT Signature: _____	Date : _____