

**MAIN LIBRARY COMPUTER CLASSROOM
REQUEST & CONFIRMATION FORM**

Requested By

Name: _____ Date Submitted: _____

Division/Agency: _____ Phone: _____

Email: _____

Session Date: _____ Session Time: from ___ to _____
(Includes setup and breakdown times)

Instructor[s]

Name[s], Phone #, Email address

Attendance

Name of Visiting Group: _____

Number of Participants: _____

Are members of the general public invited? Yes _____ No _____

Session Description [Please describe as completely as possible]

I have read and understand the *Policies for Use of the Computer Classroom*, including Section VII, which holds my group responsible for any damage to library property or equipment, and which holds Metro Government harmless in the event of injury, damage, or loss of personal property in connection with use of the classroom. ___ Yes ___ No

I have submitted a certificate of insurance (NA for government agencies) ___ Yes ___ No

I have submitted a certificate of insurance (NA for government agencies)

Signature/Date _____ / _____

Authorization:

_____ Approved Signature: _____

_____ Booked (*on calendar*)

_____ Not Approved Date: _____

Comments:

(July, 2008)