



## Policy Waiver Request Form

Name of Group:

Group Representative:

Phone Number:

Email:

Date(s) of Event:

Event Time(s):

Location(s) of Event(s):

Reservation ID#:

Reason For Request:

Reservation Time-Frame Policy (Please specify why you need your event scheduled outside of the Bauer Reservation Office's Reservation Time-Frame policies)

Payment and/or charges (Please specify below or on an attachment. Include payment schedule if requesting a payment plan. If requesting waiving of fees please specify why the fees should be waived for your event.)

Other (Specify below or on an attachment the nature of the request and why the policy should be waived for your reservation.)

X

(Signature of Client)

**Describe request below or attach letter to form:**

Office Use Only

**Approved**

**Approved with noted adjustments**

**Not Approved**

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Bauer Room Reservations Office

\_\_\_\_\_  
Bauer Administrator (as required)