



Room Change/Cancellation Form

Name of Student Organization *(Please print)* _____

Authorized Representative's Contact Information *(Must be an authorized representative)*

Authorized Representative *(Please print)* _____ Signature _____

UT EID _____ E-mail Address _____ Telephone _____

Existing Room Reservation

(Check one) Change Cancel

For any reservation you are trying to change, please **list below the exact dates, times and room numbers you have been assigned** *(check your Room Confirmation Sheet or E-mail Response Confirmation for this information)*. If this change pertains to a semester-long reservation, enter "Sem" and the day of the week for the appropriate dates. *(Example: Enter "Sem/Mon" for all Mondays.)*

Date(s) _____ Date(s) _____
Time(s) _____ Time(s) _____
Location(s) _____ Location(s) _____

Did the original reservation include a **Weekend Room Use** charge*? *(Check one)* Yes No

***To receive a refund, cancellation must be made at least two (2) working days prior to the approved reservation.**

New Request

(For reservation change, indicate type of change) Location Date Time

Date(s) _____ Time(s) _____
Proposed Location _____



Note: Your change request is **not** confirmed until you receive a revised room confirmation via e-mail. This e-mail confirmation will contain the **new** reservation information. Please allow three to four working days for processing.

SALD Approval _____ Date _____
Student Activities and Leadership Development Staff

Refund Check Picked Up By* _____ Date _____

***To receive a refund, cancellation must be made at least two (2) working days prior to the approved reservation.**

Office Use Only: Scheduling _____ Names _____ Date _____