School of Informatics Undergraduate Access Request Form for IT 270 Computer Classroom

Name:_	Date:	
Email: ₋		
,	Special request for IT 358 (green screen lab):	
ļ	Special request for IT 360 (audio editing lab):	
	Special request for IT 470 (high definition video e	diting room):
ļ	Special request for after- hours building access:	
*Class	and Reason for access:	
*Signat	ture of Faculty Sponsor:	
*requir	ed for undergraduate students	
I have read and agree to all IUPUI and School of Informatics Computer Usage Policies. See URLs:		
http://in	nformationpolicy.iu.edu/policies/campus.shtml	
and		
http://informatics.iupui.edu/technology/policies/labs.html		
Signatu	re of Student:	

Submit the completed form to Matt Spangle in IT 266 or Equipment Checkout in IT 259.