

MEMORANDUM:

DATE: _____

TO: Christopher Jorgensen
Custodial Services
Phone: 471-5072
Fax: 471-2726

FROM: _____

Fax: _____

SUBJECT: Request for Classroom Unlock

This is to request that classroom(s) _____ be left unlocked starting at
(building and room number)

_____ on _____ through _____ on _____ .
(time) (date) (time) (date)

_____ are/is holding a _____
(group name) (name of event)

in this room(s) from _____ on _____ . The faculty advisor is
(time) (date)

_____ and the facilitators are _____ and
(name) (name)

_____ .
(name)

Please contact me to let me know if there is anything else I need to send you to finalize this request.

Thank you,

(name)

(date)