

USD Restricted Space Request Form

Section 1: Requestor Information

Name: _____

Title/Role: _____

Department: _____

USD Email Address: _____

Phone Number: _____

Section 2: Location of Requested Exception

Building Name: _____

Room/Lab Number(s): _____

Course or Lab Name/Use: _____

Section 3: Duration of Requested Exception

Ongoing (used for hazardous instruction every semester)

Temporary (used when significant amounts of hazardous materials will only be present for a limited period-please specify below)

Semester: Fall Spring Summer Year: _____

Specific dates: _____ to _____

Requestor

Name: _____

Signature: _____

Date: _____

Department Chair

Name: _____

Signature: _____

Date: _____