



# Authorization for Transfer of Space

## Contact Information

Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Transferring Dept.: \_\_\_\_\_ Office/Phone #: \_\_\_\_\_

Receiving Dept.: \_\_\_\_\_ Contact: \_\_\_\_\_

Office/Phone #: \_\_\_\_\_

## Room Information

Building Name (#): \_\_\_\_\_ Transfer Room #: \_\_\_\_\_

Room Function: \_\_\_\_\_ Evacuation Date: \_\_\_\_\_

Occupancy Date: \_\_\_\_\_

Reason for Transfer:

## Space Modification (if needed)

*Departments that accept the space transfer are responsible for any needed modifications and will be responsible for the cost of room preparation for the incoming occupant. To initiate room modifications, please submit a Minor Project Request form prior to any work being done (Minor Project Request Preliminary Review Form).*

Room Modification Description:

## Transferring Department Authorization

Chair or Unit Head: \_\_\_\_\_

Print Name Signature Date

Dean or VP (required): \_\_\_\_\_

Print Name Signature Date