

**ROOM(S) AUTHORIZATION REQUEST FORM**

**Date:** \_\_\_\_\_

**Expires:** \_\_\_\_\_

**To:** Department of Public Safety

**Time(s):** \_\_\_\_\_

**From:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

Please permit the following students/tutors access into the following room(s):

Building/Room Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) \_\_\_\_\_

MCC I.D.  
Number \_\_\_\_\_

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\_\_\_\_\_  
Department Chair                      Date

NOTE: If authorization is requested for entire class, please attach Authorization Sheet to the class roster.