

SPACE NEEDS REQUEST FORM

Requests for space needs/changes should be made as follows:

Data of Request _____

Contact Person _____ Phone/Ext _____

Purpose _____

Justification for Request

Date Needed: _____

Linkage to LAC's Mission Statement _____

Faculty/staff Student Non- Profit Community Partners Business

Special needs (such as medical, ADA, etc.)
Please provide documentation to HR

All requests will be finalized with the Dean's Approval.

The committee will consider all requests in light of LAC's facilities and program needs and may need to meet with you for further clarification.