

 **Miami Dade**  
COLLEGE  
North Campus

11380 N.W. 27<sup>TH</sup> Avenue  
Bldg. 4000, Room 4208  
Miami, Florida 33167-3495

Phone: 305-237-1250  
Fax: 305-237-8222

# Student Life Request Form

Contact Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Organization \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Campus \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Purpose \_\_\_\_\_

Needed By \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Pick Up/Return Date \_\_\_\_\_ Time \_\_\_\_\_ Initial \_\_\_\_\_

- Pick Up (Name of person who will pick up) \_\_\_\_\_
- Delivery \_\_\_\_\_

### LIST OF ITEMS BEING REQUESTED

#	ITEM	QUANTITY	NOTE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

### FOR OFFICE USE ONLY

Customer Pick Up	Staff Delivery
Date ___/___/___ Location _____	Date ___/___/___ Location _____
Picked up by _____	Delivered to _____
Returned by _____	Returned by _____
Date ___/___/___ Time _____:	Date ___/___/___ Time _____:
Note _____	Note _____

- Approved \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Director \_\_\_\_\_
- Denied \_\_\_\_\_ Explanation \_\_\_\_\_