



# STUDENT GROUP DISPLAY CASE REQUEST FORM

Please submit this form **at least 7-10 business days prior to your event.**  
 Please return form to: **Suite 150 Student Union** Phone: (716)645-2055 Fax: (716)645-2371

- \* Requests can also be submitted online at [www.studentunions.buffalo.edu](http://www.studentunions.buffalo.edu)
- \* Please read information on reverse side before completing the form and sign the Statement of Responsibility.
- \* **Reservations are NOT reviewed without a signature.**

GENERAL INFORMATION	
Group Name: _____	Purpose/Description of Display: _____
Recognized By: _____	_____
Contact Name: _____	_____
Phone Number: _____	_____
Organization Address: _____	_____
Email: _____	

Requested Weeks: 1 <sup>st</sup> Choice _____	2 <sup>nd</sup> Choice _____
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**Display cases are reserved on a weekly basis (Monday through Friday). Groups are limited to two (2) weekly display case reservations per semester.**

Case Preference: 1 <sup>st</sup> Choice _____	2 <sup>nd</sup> Choice _____	3 <sup>rd</sup> Choice _____
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**Display Cases:**

Case A. Student Union, first floor, next to Campus Tees	Case F. Student Union, 1 <sup>st</sup> floor across from Suite 150
Case B. Student Union, first floor across from theater	Case G. Student Union, 1 <sup>st</sup> floor across from Suite 150
Case C. Student Union, third floor next to room 330	Case H. Knox Tunnel, 7 <sup>th</sup> case in from Student Union entrance
Case D. Student Union, 1 <sup>st</sup> floor across from Suite 150	Case I. Knox Tunnel, 8 <sup>th</sup> case in from Student Union entrance
Case E. Student Union, 1 <sup>st</sup> floor across from Suite 150	

**STATEMENT OF RESPONSIBILITY:** I, \_\_\_\_\_, as the individual to be contacted for any matters and questions concerning this request, do hereby agree to accept responsibility for this event. I agree to adhere to the regulations outlined by the Student Life Office regarding the use of space in the Student Union. Such responsibility includes assurance that the facility requested will be used as stated in the request, that reasonable care will be taken to keep the event orderly, and that reasonable care will be taken to enforce the rules and regulations of the University at Buffalo.

**Please note that this form does not guarantee services. You will be contacted via email once services are confirmed.**

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date of Review: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

( ) Confirmed ( ) Denied Notes: \_\_\_\_\_