UND MEMORIAL UNION
UNIVERSITY OF NORTH DAKOTA

Policy Waiver Request Form

Name of Group: _____
Group Representative: _____
Phone #: _____ Email: _____
Date(s) of Event(s): _____
Time(s) of Event(s): _____ Reservation ID #: _____
Location(s) of Event(s): _____

Reason for request:

☐ Policy Waiver Request (Please specify below or on an attachment the justification for a policy waiver)

☐ Fee Waiver Request (Please specify below or on an attachment the justification for a fee waiver)

X _____
(Signature of Client)

Describe request below or attached letter to form:

Office use only

___ Approved

___ Approved with noted adjustments

___ Not Approved

_____ _____
Cheryl Grew-Gillen Date
Executive Director, Memorial Union

(Effective July 1, 2018)

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