# Room Request Form

| Today's Date: | | Course Code: |
|---|---|---|
| **Instructor Name:** | **Phone Number:** | **LCC Email:** |
| **Room Request(s):** | **Computer Classroom:** | **Walls Open:** |
| **Date of Room Request:** | **Start Time:** | **End Time:** |
| **Purpose of Room Request:** | **Max Attendees:** | **Number of Rooms Needed:** |

**Additional Room Needs:**

**Note:**
1. Wall openings require to be submitted 7 days in advanced. There is no guarantee walls will be open if this requirement isn't followed. Medical Locked Storage will close the walls after the event.
2. If providing food/refreshments it is required that tables are wiped down after the event and arrangements are made for trash pickup by placing a Custodial Services 5Star Service request in advance or call 517-483-1808.
3. Room(s) will need to be reset if any changes are made to the layout. The schematic for the room(s) are located either on the wall or desk.

**Office use only**

| Assigned Room(s): | Walls Opened*: |
|---|---|
| | |

\* If walls need to be opened this form will need to be sent to LCC-MLS@star.lcc.edu when rooms are assigned.
Medical Locked Storage staff will send a photo to the instructor and staff when walls are opened for verification.