



CHURCH OF THE IMMACULATE CONCEPTION OF THE BVM
Xavier University

REQUEST TO USE

Date of Request: _____

Activity/Purpose: _____

Date of Use: _____ Inclusive Time of Use: _____

Services Needed: _____

Materials Needed (Please include Quantity): _____

Requested by:

Recommending Approval:
(Moderator/Unit Head/Chair/Dean)

Signature over Printed Name

Signature over Printed Name

For Church Office:

Received by: _____ Date & Time Received: _____
Signature Over Printed Name

Action by University Chaplain: ☐ Approved / ☐ Disapproved / ☐ Clarify Request

Remarks: _____

University Chaplain

Date