COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

REQUEST FOR DISSEMINATION OF LITERATURE, PUBLIC EXHIBITS, DISPLAYS AND PRESENTATIONS

Name of Group: _____

Date of Activity: _____ **Time of Activity:** _____ _____
MM/DD/YY From To
Use a.m. or p.m. and noon or midnight.

Contact Person: _____
Please print.

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone No.: _____ **Email Address:** _____

Type of Activity: _____

Intended Audience: _____

Location Requested: _____

Complete description of exhibit, display, presentation, event or activity:
(Please attach copies of any materials to be distributed.)

_____

_____

_____

_____ _____
Applicant Signature Date: MM/DD/YY

Please complete this form on your computer, save and return to Student Life and Veterans Center, Building 11, CF Ocala Campus, 3001 S.W. College Road, Ocala, FL 34474-4415 or Citrus Campus, 3800 S. Lecanto Highway, Lecanto, FL 34461-9026.

For office use only.

Received by: _____ _____
Signature Date: MM/DD/YY

☐ **Approved** ☐ **Denied**

_____ _____
Signature Date: MM/DD/YY

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