

**SOLICITATION AUTHORIZATION PERMIT
Ellison Campus Center**

Individual Responsible _____ Date of Application _____

Group/Club/Department/Organization _____

Date(s) Requested _____ Phone # _____

Area Requested _____

Please specify activity _____

	Signature	Date	Comments
Student Life Operations Approval			

Application for permit must be received 72 hours in advance of period requested

The Student Life Operations Office reserves the right to revoke this privilege when violation of this agreement is evident.

We, the undersigned, hereby attest that we have read the guidelines on the reverse side of this application and agree to abide by these regulations during the above solicitation period.

Individual Responsible

Date

Advisor (if applicable)

Salem State University Ellison Campus Center - (978) 542-6438, fax (978) 542-8307

Please request the full solicitation guidelines.