

**SOLICITATION AUTHORIZATION PERMIT
Ellison Campus Center**

Individual Responsible _____ Date of Application _____

Student Organization/Department/Organization _____

Date(s) Requested _____ Phone # _____

Email _____ Area Requested _____

Please specify activity _____

	Signature	Date	Comments
Student Involvement Office Approval			

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

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

We, the undersigned, hereby attest that we have reviewed the guidelines of the Public Speaking, Distribution of Literature, Commercial Solicitation and Demonstration in Public Areas Policy and agree to abide by these regulations during the above sales period.

Individual Responsible _____

Date _____

Advisor (if applicable) _____