

Food Waiver Request Application for University Events Must be completed fourteen (14) class days in advance.

Form CO-CF-F1 02/10/2020

	Date Submitted
	campus event until this form is completed and approved. The d form must be available at the event.
Is your event sponsored by a UT Arlington university departmen	ent? YES NO
Name of Event:	Event Date & Time:
Event Coordinator(s):	Phone #:
Email Address (print clearly):	
Name of Department/Organization:	
Event Location (be specific):	
Description of Event:	
Number of People Attending Event:	
List all foods/beverages (e.g.; bottled waters, wrapped snacks, sa	andwiches, meats, fruits, vegetables, condiments or attach a menu)
Where will food and/or beverage be obtained?	Phone #:
Who will prepare Food/Beverage?	ent Organization/Department
How will food be delivered to the event?	Student Organization/Department
Who will be serving the food?	t Organization/Department
Print Name of Department Head/Organization Advisor:	
Email Address:	Phone #:
University Center Official:	Date: Date: APPROVE DISAPPROVE

Save and e-mail to ucrequest@uta.edu.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code