

University of Nebraska Medical Center

REQUEST TO SERVE ALCOHOLIC BEVERAGES

Date of Request _____

Individual/Department Submitting Request: _____

Campus Address: _____ Telephone: _____

Date of Event: _____ Beginning/Ending Times: _____

Location of event: _____

Brief description of event: _____

Number expected to attend: _____ Number of students expected: _____

Will there be any students under the age of twenty-one (21) attending? ___yes ___ no

Name of individual/group/organization providing alcohol: _____

Contact person: _____

Address: _____

I certify that this event complies with UNMC Policy No. 6012 and that the responsibilities for compliance remain with the individual or group sponsoring the event.

Dean or Director

Signature

Approval: _____ Date: _____
Vice Chancellor for Business and Finance

Notes: _____

Send original to Vice Chancellor at zip 6680. Once the form is signed, make a copy for the dispensing party and keep a copy in the department.