



SPACE UPDATE FORM

Please complete this form for any space classification or occupant changes.

Select All that Apply:

- ☐ Occupant is moving ☐ Occupant is changing ☐ Space classification is changing
☐ Department is changing ☐ Function is changing ☐ Other:

Occupant: _____ DeptID: _____

Occupant Group: ☐ Administrator ☐ Faculty ☐ Staff ☐ Support Staff ☐ Emeritus
☐ Graduate Student ☐ Undergraduate

Room Use (pick one): ☐ Office ☐ Storage ☐ Study Space ☐ Classroom ☐ Other:

Function Code(s) (must total 100%): _____

Current Location (Complete this section for all space or occupant changes.)

Building Name: _____ Room Number: _____

☐ This Department will no longer occupy this space.

New Location (Complete this section for any moves)

Building Name: _____ Room Number: _____

Effective dates of move, from _____ to _____
Enter "to" date if this is temporary. Leave "to" date blank if it is a permanent move.

Items to be moved or dismantled: _____

Account string for moving charges: _____

Who may we contact if there are questions?

Name: _____ Phone: _____ Email: _____

Authorizations (All signatures are required to process this form.)

Requestor: _____ Date: _____

Director/Associate Dean: _____ Date: _____

Additional Relevant Information (optional):