



Food Waiver Request Application for University Center

Must be completed fourteen (14) class days in advance.

_____ Date Submitted

**No food and/or beverage may be served at any campus event until this form is completed and approved.
The completed and approved form must be available at the event.**

Is your event sponsored by a UT Arlington university department? 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, sandwiches, meats, fruits, vegetables, condiments or attach a menu)

Where will food and/or beverage be obtained? _____ Phone #: _____

Who will prepare Food/Beverage? Vendor Student Organization/Department

How will food be delivered to the event? Vendor Student Organization/Department

Who will be serving the food? Vendor Student Organization/Department

Print Name of Department Head/Organization Advisor: _____

Email Address: _____ Phone #: _____

University Center Official: _____ Date: _____ APPROVE DISAPPROVE

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.

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

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.