

LSUHSC-NO Academic Affairs

Request for Authorization to Serve Alcohol

Name of person making request		School	
Department	Contac	ct phone #	
Reason for function			
Date of function	Time of function	from	to
Specific location of the function			
If this is an onsite function, have arrangemen University Police to provide security?	ts been made with	☐ No	☐ Yes
The alcohol beverage server w	ill be (check one o	more of the	following)
An employee of			catering
☐ Trained beverage server(s) – Please attac	ch a signed copy of t	he server's tra	aining certificate
Server's name	Certification #		
Server's name	Certific	cation #	
Precautions to prevent underage drinking will	include the following	J.	
The following non-alcohol beverages will be av	vailable.		
The following food will be available.			
My signature below indicates that I have read <u>CM-</u> make every effort to enforce this policy. I unders understand any advertisement for the function wil as alcoholic ones and will not make reference to strictly enforced and appropriate permits will be of of alcoholic beverages. I additionally understand alcohol is served, as well as the individual who ser alcohol or an individual becomes intoxicated and su	tand the LSUHSC-NO I mention availability of the amounts of alcoho- otained with respect to I in the State of Louis eved the alcohol, could	policy does not of non-alcoholic beverages at the possession iana, the sponsibe liable for da	allow drinking contests. I beverages as prominently available. All laws will be a, consumption, and selling sor(s) of a function where mages if a minor is served
Signature of individual making request	Date of request		
Signature of the Dean	[Date	Approved	Disapproved
	[Approved	Disapproved
Signature of the Vice Chancellor for Academic Affairs	Date		