

Request for Authorization to Serve Alcohol

Name of person making request		School			
Department	Contac	t phone #			
Reason for function					
Date of function	Time of function	from	to		
Specific location of the function					
If this is an onsite function, have arrangements University Police to provide security?	s been made with	🗌 No	Yes		
The alcohol beverage server will be (check one or more of the following)					
An employee of			catering		
Trained beverage server(s) – Please attach a signed copy of the server's training certificate					
Server's name	Certific	ation #			
Server's name	Certific	ation #			
Precautions to prevent underage drinking will i	nclude the following.				

The following non-alcohol beverages will be available.

The following food will be available.

My signature below indicates that I have read <u>CM-36 LSUHSC-NO's Policy on Responsible Use of Alcohol</u>, and I will make every effort to enforce this policy. I understand the LSUHSC-NO policy does not allow drinking contests. I understand any advertisement for the function will mention availability of non-alcoholic beverages as prominently as alcoholic ones and will not make reference to the amounts of alcoholic beverages available. All laws will be strictly enforced and appropriate permits will be obtained with respect to the possession, consumption, and selling of alcoholic beverages. I additionally understand in the State of Louisiana, the sponsor(s) of a function where alcohol is served, as well as the individual who served the alcohol, could be liable for damages if a minor is served alcohol or an individual becomes intoxicated and subsequently becomes involved in an accident.

Signature of individual making request	Date of request		
		Approved	Disapproved
Signature of the Dean	Date		
		Approved	Disapproved
Signature of the Vice Chancellor for Academic Affairs	Date	—	