

**UNIVERSITY OF NORTH DAKOTA
SPACE RELEASE FORM**

Submit completed form to und.facilities@und.edu
Please contact the space manager with any questions – 7.2895

Identifies your space(s) to be released.

Building Name	Room #	Dept #	Dept. Name	Is the space vacant? (Yes or No)

Why are you releasing the space? How does the release of space support short and long term planning for the unit?

Required Signatures

1. Unit Space Coordinator (USC)		
My signature verifies I have discussed this move/change with the VP/Dean/Director		
Print Name	Signature:	Date:
2. VP / Dean / Director		
My signature verifies I approve of release of the specified space. I understand the space remains in my unit's allocation until transferred to another unit by the facilities space manager.		
Print Name	Signature:	Date:
3. Facilities Management Space Manager Signature:		Date:

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