

# Bevill State Community College Free Speech Request Form

Free Speech requests are considered in light of Bevill State Community College's *Freedom of Expression* policy. The office of the campus Director of Student Services must receive the *Free Speech Request* form no later than forty-eight (48) hours prior to the date and time of the requested reservation. Intervening Saturdays, Sundays, and legal holidays are not included in the calculation of the 48-hour period. Requests must be for use of the individual or organization submitting request and cannot be submitted on behalf of other individuals or organizations. Failure to comply with all policies may result in the denial of your request.

Note: Student organizations or College departments planning to invite a guest to speak at a regularly scheduled meeting must register the speaker with the campus Director of Student Services as well as complete the College's *Request to Conduct Extracurricular and/or Fundraising Activities* form.

*Please print information.*

Today's Date: \_\_\_\_\_ Organization Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Requested Time(s) and Date(s) of Event: \_\_\_\_\_  
Alternative Time(s) and Date(s) of Event: \_\_\_\_\_  
Anticipated Number of Attendees: \_\_\_\_\_  
Description of Event: \_\_\_\_\_

Please describe how the event will be advertised: \_\_\_\_\_  
Please attach a copy of all items to be distributed.

***I have read and agree that the event will comply with the requirements outlined herein and as outlined in the Bevill State Freedom of Expression policy.***

\_\_\_\_\_  
Signature of person completing this request form Print name of person completing request form

\_\_\_\_\_  
Bevill State student organization advisor signature/date (required if applicable) Date

*For use by Student Services:*

Confirmed \_\_\_\_\_ Declined \_\_\_\_\_ Date of Action \_\_\_\_\_  
Dates/Times Confirmed \_\_\_\_\_ Area Confirmed: \_\_\_\_\_  
Signature of College Official: \_\_\_\_\_ Printed Name: \_\_\_\_\_

The Director of Student Services must notify the requestor of approval or disapproval and distribute a copy of the completed request form to the following:

\_\_\_\_\_-Dean of Students  
\_\_\_\_\_-Campus Dean/Associate Dean