State University of New York  
College of Environmental Science and Forestry  
Request by Faculty/Staff Member to Serve Alcoholic Beverages

Your name: ______________________________________________________________________

Campus address/phone: _____________________________________________________________

Sponsoring group/organization: ________________________________________________________

Type of event: _____________________________________________________________________

Date/time of event: __________________________ Location: ___________________________

Contact person responsible for event: _________________________________ e-mail address: ______________________ Telephone: _________________________

Expected amount and type(s) of alcoholic beverage(s) to be served: ___________________________

Note: Consult the ESF Policy for Serving Alcoholic Beverages at Campus Events for specific information.

Alternative nonalcoholic beverage and food to be provided: _________________________________

__________________________________________________________________________________

Names of persons who will be serving alcoholic beverages (must be over 21):

__________________________________________________________________________________

__________________________________________________________________________________

For events at which persons under 21 years of age will be in attendance, mechanisms for determining legal drinking age (“proofing” measures) must be specified. Please complete one of the following:

___ Proofing will follow “proposed mechanisms” in ESF Policy for Serving Alcoholic Beverages at Campus Events.

Names of persons who will be verifying proof of age and applying hand stamps:

__________________________________________________________________________________

__________________________________________________________________________________

-- OR --

___ Other proofing mechanism (describe):

__________________________________________________________________________________

__________________________________________________________________________________

I have read the ESF Policy for Serving Alcoholic Beverages at Campus Events. I am aware of the rules regulating alcohol consumption at ESF and my responsibilities with regard to compliance with these rules, particularly as related to not serving intoxicated persons or persons under legal drinking age.

_______________________________________
Signature

Approved: ________________________________________  ____________________
Dean, Student Life and Experiential Learning  Date