

Tel. (818) 677-3644 • Fax (818) 677-4172 Hours: 8 a.m. – 5 p.m., Mon. – Fri. csun.edu/usu/reservations

## **CSUN Client Data Form**

Department Information			
Department Name		Primary Phone Number	
Department Email		Department URL	
<b>Contact Information</b> Please list all department contacts permitted to	make reservations.		
Contact Name		Contact Title	
Contact Email	Contact Phone Number		Contact Fax
Contact Name		Contact Title	
Contact Email	Contact Phone Number		Contact Fax
Contact Name		Contact Title	
Contact Email	Contact Phone Number		Contact Fax
Contact Name	<del></del>	Contact Title	
Contact Email	Contact Phone Number		Contact Fax
Contact Name		Contact Title	
Contact Email	Contact Phone Number		Contact Fax

Contact Name	Cont	tact Title	
Contact Email	Contact Phone Number		Contact Fax
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Contact Name	Coni	tact Title	
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Contact Email	Contact Phone Number		Contact Fax
Contact Name	Cont	tact Title	
Contact Email	 Contact Phone Number		Contact Fax
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Authorization			
	permitted to make reservations and are finar te the Director of Financial Operations for a ts.		
Print Name			Date
Phone Number	Email Address		





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## **CSUN Client Data Form**

☐ Addition

☐ Remove

## Addendum

Department Name  Department Email  Department Email  Department URL  Remove Contacts listed will be removed from the authorized contact list for the department specified above.  Addition Contacts listed will be added as authorized contacts for the department specified above.  Contact Name  Contact Title  Contact Email  Contact Phone Number  Contact Title  Contact Email  Contact Phone Number  Contact Title  Contact Email  Contact Phone Number  Contact Fex  Authorization  The above listed individuals are permitted to make reservations and are financially responsible for them.  The person signing below must be the Director of Financial Operations for academic-based departments or a Director for program-based or administrative-based departments.	Domarkovank Infarov-1			
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administrative-based departments.				
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Print Name Signature Date				
	Print Name	 Signature		 Date
Phone Number Email Address	Phone Number	Email Address		