

**The University at Albany, State University of New York  
Alcohol Use Registration Form**

**Submit signed request to your Local Alcohol Policy Administrator**

1. Sponsoring Department or Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Date and time of Function: \_\_\_\_\_

3. Location of Function: \_\_\_\_\_

Please describe the event: \_\_\_\_\_

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I have read and agree to enforce the University's Policy governing the Use of Alcohol.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Alcohol Administrator: \_\_\_\_\_ Date: \_\_\_\_\_