Posting Approval Form

Name of person submitting form: ______________________________

Name of sponsoring organization/department: ____________________________

**Please circle whether your organization/department is:**

- Internal
- External

The organization/department will be expected to assume all responsibility for the poster content and to indemnify and hold Davenport harmless from any and all liability that may arise. This pertains to all damages, costs, attorney fees, and discovery which may result from any legal action.

☐ **Please check this box confirming your review of Davenport University’s posting policy. Failure to comply may result in suspension of your organization/department’s posting privileges.**

Contact Signature: ____________________  Contact number: ________________

Date: _____________  Title of event: ______________________________

Date of event: _____________

***Please provide a copy of your flyer for our records.***

**For Office Use Only**

*Please allow 24 hours for approval*

Does the posting contain?

- Date
- Time
- Location
- Contact
- Price (if applicable)
- Sponsor

If the posting displays:

- Alcoholism
- Racism
- Sexism
- other, please specify: ______________________________

Student Life Approval signature: ______________________________

Date: ____________________