



Arkansas State University

Resource Calendar Request Form

(All fields Required.)

Requesting Department

Date

Submitted by

College/Division

Department

Requestor E-mail

Calendar Information

Calendar Name

List of Owners
(All future memberships to this calendar are to be requested by the Owners.)

List of All Users needing access to the calendar
(Please list permissions desired for the user next to their name.)

Please E-mail completed form to: its_systems@astate.edu

Do NOT send this form through Interdepartmental Mail!

Please allow at least 2 days for processing.
