

Zoom Request Form

When submitting select your default email application.

Group requesting: _____

Contact person: _____ Phone: _____

Email address: _____

Meeting Date: _____

Meeting Start Time: _____ End time: _____

Recurring: Weekly Monthly End date: _____

Office Use: _____

Approved: Y N

Zoom Host: _____ Contact info: _____

Date entered on calendar _____