



INDIANA UNIVERSITY
 COMMUNITY AND SCHOOL PARTNERSHIPS
 Office of the Vice President for Diversity, Equity, and
 Multicultural Affairs

Indiana University Bloomington Campus Visit Request

Name of Group/School: _____

School District: _____

Address: _____

City, State & Zip: _____

Grade Level(s) of visiting students: _____

Preferred Visit Date Requested: _____ Time Requested: _____

Primary contact name: _____

School phone: _____ Contact's cell phone: _____

Contact's e-mail: _____

Number of visiting students: _____ Number of visiting chaperones: _____

Note: We can best accommodate group sizes up to 50 people. Please call if you would like to bring a larger group.

Please provide any additional information or requests for your visit, such as specific programs of interest to your students or other items that will help us plan your time on campus:

Return this completed and signed form to Community and School Partnerships (cpartner@indiana.edu) at least three (3) weeks prior to your preferred date in order to schedule your visit.

Upon confirmation of your visit, you will receive a set of liability forms that must be completed for each student and returned no later than two (2) business days in advance of your scheduled visit.

By signing, I acknowledge that I have read and understand Community and School Partnerships and Indiana University's policy regarding the timely submission of all required liability and release forms.

Signature: _____ Date: _____