

**XAVIER UNIVERSITY OF LOUISIANA
STUDENT HEALTH SERVICES
OUTREACH REQUEST FORM
504-520-7396**

Please complete the Outreach Request Form and email 3 weeks in advance to Ms. Judy Warren, Associate Director of Student Health Services @ jmwarren@xula.edu. While every effort will be made to fulfill outreach requests, Xavier University of Louisiana Health Services cannot ensure that every request can be accommodated.

Contact Information

Requester Name: _____

Organization: _____

Position: _____ Contact Number: _____

Email Address: _____

Programming Information

Type of Outreach Programming: _____

Event Information: _____

Name of Event: _____

Preferred Event Date and Time

Alternate Event Date and Time:

Event Length: _____ Event Location: _____

Target Audience: _____ Estimate # of Attendees: _____

Will you be advertising the event: _____ Will you be serving food/snacks/ beverages? _____

Request for a Specific Staff Member: _____

Additional Notes: _____
