

By signing below, I certify that all statements made in this exemption request are true, complete and correct to the best of my knowledge and are made in good faith. I also grant permission for representatives of Dining and Summer Conferences to review documentation for purposes of evaluation applicable to this request.

Signature

Date

**Submit form to: Dining and Summer Conferences, 1015 Reserve Street, DUC Rm 240, Stevens Point, WI 54481 or
Dining.and.SC.Office@uwsp.edu**

For office use only:

File Sent: _____ Referred to: _____

Approved: _____ Denied: _____ Decision Sent: _____