



**The University of Vermont**  
Academic Research Roof Access Request Form

**Priority Level**    High    Medium    Low

All required Risk Management training received?

**1 Describe Project, Program and Identify Funding**

Building Name \_\_\_\_\_ Project Title \_\_\_\_\_

Person to Contact \_\_\_\_\_ Department \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

***Reason for Access Request:***

***Description of Program and Scope Definition: (Please describe seasonal access, ie: summer only, winter, etc., expected frequency of access, and duration of access requested).***

***Description of Proposed Funding: (ie: Clean Energy Fund? Grant?)***

Department Head \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Signature of Department Head \_\_\_\_\_ Date \_\_\_\_\_ Date Needed \_\_\_\_\_

**2 Dean/Vice President**

\_\_\_\_\_  
Signature of Dean \_\_\_\_\_ Date \_\_\_\_\_

**3 Capital Planning and Management**

**FDC/PPD/CPS**

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**4 Vice President for Finance and Administration**

Signature of Vice President \_\_\_\_\_ Date \_\_\_\_\_