

GUILFORD TECHNICAL COMMUNITY COLLEGE

Speech Application/Authorization Form

DATE: _____

PERSON APPLYING TO SPEAK:

NAME: _____

TITLE: _____

NUMBER AND NAMES OF OTHERS INVOLVED IN SPEAKING OR ACCOMPANYING
SPEAKER: _____

NAME(s): _____

NAME(s): _____

TYPE ORGANIZATION: _____

ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS TELEPHONE: _____

ADDRESS OR AGENCY/HOME OFFICE (if different from above):

LIST OF PLANNED ACTIVITIES (SPEECH, SIGNS, LITERATURE):

ANTICIPATED NUMBER OF PARTICIPANTS AND ATTENDEES: _____

DATE AND TIME OF SPEECH: _____

CAMPUS AT WHICH TO SPEAK: _____

APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY:

Authorization for Speech Event

APPROVAL OF SPEECH EVENT BY VICE PRESIDENT OF COLLEGE ADVANCEMENT

(SIGNATURE)

(DATE)

NOTE: GTCC reserves the right to cancel this authorization at any time, should the rights or activities of students, faculty or staff be interfered with or disrupted.

REV 11/13/2023