



SCCOE Makerspace Access Form

Name: _____ Date: _____

Site: _____

Items in red text are required.
Failure to provide this information
will result in **NO ACCESS TO
THE MAKERSPACE**

Budget #*: _____

Budget number is required in order to access the SCCOE Makerspace.

SCCOE Department: _____

Name of Approving Manager: _____

Manager Approval: X _____ Date of Approval: _____

Manager approval is required in order to access the SCCOE Makerspace.

Purpose of visit: (i.e. creating student schedules, laminating signs, etc.)

Thank you for using the SCCOE Makerspace!