Fairmont State University
Pierpont Community & Technical College

NON-COMMERCIAL SOLICITATION PERMIT APPLICATION

TODAY’S DATE:  ________________________________________________________  
(MONTH)                       (DAY)                       (YEAR)

ORGANIZATION:  ________________________________________________________

CONTACT PERSON:  ________________________________________________________

NUMBER OF PARTICIPANTS :  __________________________________________________

ADDRESS:   ________________________________________________________  
________________________________________________________  
(City)                             (State)                (Zip)

PHONE:   ________________________________________________________  
(Home)                        (Work)

EMAIL:   ________________________________________________________

TIME AND DATE OF PROPOSED ACTIVITY:  _____________________________________

NATURE OF PROPOSED ACTIVITY (i.e. solicitation, circulation of petition, distribution of literature, 
and description of any intended sound amplification):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

(Please attach copy of any handouts, literature, etc. to be distributed)

SUBMIT APPLICATION TO:

Robin Yeager
Falcon Center- Student Activities Center
Office Address:  316 Student Affairs Suite
Office Telephone:  304-367-4783
E-mail:  Robin.Yeager@fairmontstate.edu (Preferred)

I have received and read a copy of the Campus Solicitation Policy. I, and the organization that I 
represent (if applicable), hereby accept the terms and conditions of said policy.

_______________________________________________     ______________________________
APPLICANT’S SIGNATURE        DATE

Use Permit Approved: _____        Use Permit Not Approved: _____

Reason(s) if Not Approved: ________________________________________________________

By:  ____________________________________________________________________________  
Authorized Signature                   Date