**This form must be completed for all changes that require notification to the Space Manager (i.e. no remedial work to be carried out).**

**1. Contact Information**

**Name:**

**Email**:

**Telephone:**

**School/Professional Service**:

**Discipline/Section**:

**2. CURRENT LOCATION**

**Current Building:**

**Current Room:**

**Current Data Port Number:**

**3. DETAILS OF MOVE**

**New Building:**

**New Room:**

**New Data Port Number:**

**Date of Change**:

**4. AUTHORISATION**

If the space change involves more than one School/Section, each Head of School/Director must sign the form to authorise the space re-allocation. Please insert new signature blocks as required.

Please send the completed form to: gregg.wilkins@abdn.ac.uk

**Signatures:**

**Head of School/Director (2)**

Name:

School/Section:

Signature: Date:

**Head of School/Director (1)**

Name:

School/Section:

Signature: Date: