



# BUSINESS CARD PRINTING AUTHORIZATION REQUEST

NAME: \_\_\_\_\_

☐ **FACULTY OR AFT** (Form goes to Employee Relations for final signature)

☐ **CWA, IFPTE, MANAGERS, P/T NON-AFT, GRADUATE ASSISTANTS, COACHES, ETC.**  
(Form goes to Human Resources for final signature)

UNIT/DIVISION: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHANGE OF TITLE: ☐ **YES** ☐ **NO** (include sample of current card if available)

PRIOR TITLE: \_\_\_\_\_

NEW TITLE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**APPROVAL:**

\_\_\_\_\_  
Unit Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Relations  
(Faculty, AFT Professional Staff)

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP of POER  
(CWA IFPTE, Managers, P/T non-AFT: Graduate Assistants, Coaches, etc.)

\_\_\_\_\_  
Date

**NOTE:** Completion of this form with approval signatures is required prior to submitting the request for printing of new business cards via Marketing & Communications

DATE SENT TO MARKETING & COMMUNICATIONS: \_\_\_\_\_