



# 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)

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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:** \_\_\_\_\_