



University Relations & Communications  
*Print & Copy Services*

## School/College/Division Authorization Form for Name Substitution

Requester Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Office/Department Name to be used: \_\_\_\_\_

*in place of*

School/College/Division Name: \_\_\_\_\_

Rationale: \_\_\_\_\_

### **School/College Dean or Division Head:**

The above requester is asking for authorization to use their office/department name on printed materials in place of the school/college/division name. In accordance with the University Graphic Standards and Brand Identity Program, your approval is required before Print & Copy Services can proceed with this request.

Approved - keep on file for future printing requests

Approved, conditional: \_\_\_\_\_

Denied

\_\_\_\_\_  
Name of School/College Dean or Division Head (or designate)

\_\_\_\_\_  
Signature of School/College Dean or Division Head

\_\_\_\_\_  
Date