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