



Business Card and Name Tag Request Form

Business Cards

Please use this request form to order or reorder business cards.

1. Anticipate your needs for at least 6 month supply
2. Staff: Business card request will need to be approved by your department supervisor
3. Faculty: Business card request will need to be approved by your dean of the college
4. Return completed form to Human Resources

Please circle one: *Faculty* *Staff*

Quantity: 250 500 1000

Please Note: If there are no changes, attach a current business card to this form.

Name: _____

Position Title: _____

Department: _____

Campus Email: _____

Campus Phone: _____

Cell Phone (if applicable): _____

Fax Number: _____

Account and Organization Number to charge: _____

Examples

Staff:



Jane Doe
Director of Human Resources

1282 Concordia Avenue
St. Paul, Minnesota 55104

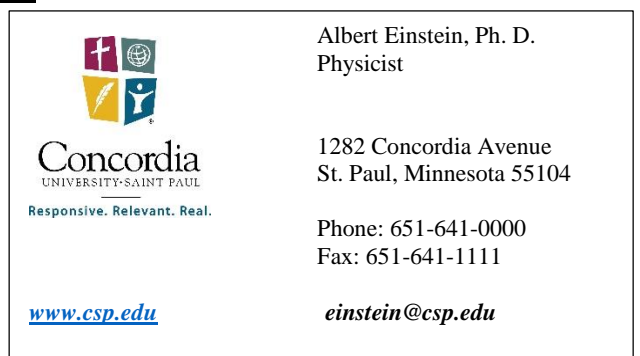
Phone: 651-641-0000
Fax: 651-641-1111

jolie@csp.edu


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Faculty:




Albert Einstein, Ph. D.
Physicist

1282 Concordia Avenue
St. Paul, Minnesota 55104

Phone: 651-641-0000
Fax: 651-641-1111

einstein@csp.edu


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University Name Tag

Name: _____

Credentials (if applicable): _____

Title: _____

Department or College: _____

Examples:

Staff:



ANGELINA JOLIE
ACTRESS
COLLEGE OF ARTS & LETTERS

Faculty:



ALBERT EINSTEIN, PH D.
PHYSICIST
COLLEGE OF EDUCATION & SCIENCE



JANE DOE
DIRECTOR OF HUMAN RESOURCES
DEPARTMENT OF HUMAN RESOURCES



JOHN F. KENNEDY
ASSOCIATE PROFESSOR, DEPT. CHAIR
COLLEGE OF BUSINESS & TECHNOLOGY

Approval by Supervisor or Dean Signature: _____

Human Resources Authorization: _____ **Date:** _____