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: ______________________________________________________

Campus Email: _____________________________________________________

Campus Phone: _____________________________________________________

Cell Phone/Fax (if applicable): _______________________________________

Account and Organization Number to charge: ____________________________

Example

Jane Doe
Director of Human Resources
1282 Concordia Avenue
St. Paul, MN 55104

651.641.1234 (O) 651.321.56 (C)
jdoe@csp.edu www.csp.edu
University Name Tag

Name: ______________________________________________________________________

Credentials (if applicable): _______________________________________________________________________

Title: _______________________________________________________________________

Examples:

```
CSP CONCORDIA ST. PAUL

JOHN DOE
Job title

CSP CONCORDIA ST. PAUL

JOHN DOE
Very Long Two Line
Job Title
```

Approval by Supervisor or Dean Signature: __________________________________________

Human Resources Authorization: __________________________________________ Date: ________