

GLENVILLE STATE UNIVERSITY
Business Card Order/Email Signature Form

Name: _____
(as you want it to appear on your business cards; i.e.: Dr. John Doe or Jane Doe, Ph.D.)

Department or Office: _____

Title(s): _____

Office Phone Number: _____

Fax Number: _____

Cell Number: _____
(optional)

E-mail Address: _____
(only official GSU e-mail addresses will be printed on business cards)

Number of Cards Requested: 50 100 Other Quantity (specify): _____

Signature of Supervisor/Department Chair Indicating Approval: _____

Bill To: _____ Fund: _____ Org: _____

Forward this form to the Public Relations Office once completed and approved

This information will reflect your email signature. Marketing and Public relations will send you an email tag when they receive this form

A digital proof will then be sent to your campus e-mail from the Print Shop for approval before your cards are printed