



PUBLICATIONS REQUEST FORM

NOTE: Please allow sufficient time for your Publications Request Form to complete the necessary review/approval process.

The following sections must be completed by Requesting Dept.

TODAY'S DATE: _____ REQUESTER: _____

SCHOOL/DEPT.: _____

CONTACT/LIAISON: _____

PHONE: _____ FAX: _____

E-MAIL: _____ CAMPUS ADDRESS: _____

PROJECT TITLE: _____

THIS REQUEST PART OF APPROVED PRIORITIES PLAN YES NO

What Is The Purpose Of This Project (check all that may apply)

- | | | |
|-----------------------|-------------------|-------------------------|
| Undergrad Recruitment | Public Info. | Marketing Services |
| Grad Recruitment | Image Enhancement | Other (describe): _____ |
| Fundraising | Events-Oriented | _____ |

Who Is The Primary Target Audience (check all that may apply)

- | | | |
|-------------------------|----------------------|-------------------------|
| H.S. Students | Potential Donors | Business Community |
| Potential Grad Students | General Population | Other (describe): _____ |
| Parents | Academic Community | _____ |
| Transfers | Scientific Community | |

How Will This Publication Be Distributed (check all that apply)

- | | |
|-------------------------------|---|
| Bulk mailing to: _____ | Handout at recruitment events |
| First class mailing to: _____ | Handout at professional events/meetings |
| Respond to inquiries | Other (describe): _____ |
| Handout to visitors | _____ |

Requesting Pre-Print Production Services Only Yes No (describe): _____

Requesting Production & Printing Services Yes No

In-house Yes No O.K. To Contract Outside Graphic Services Yes No

Delivery Date Desired: _____ Delivery to: Mailroom Loading Dock Mail House

NOTE: Allow 4-8 weeks for production/printing, depending on the size of the project.

Describe the format you propose – size, number of pages, black/white or color, photos or illustrations:

Final/Approved Copy Attached

Word Disk w/Hardcopy Via E-Mail Previous/Similar Project Attached With Revisions Noted

If Not, When To Expect: _____

Quantity Needed: _____ How Long Will You Use This Supply: _____

Budget Available for Design Yes No Budget Available for Printing Yes No

Source of Funds—Dept./Account To Be Charged: for printing: _____ UPS acct.# req:* _____

REQUEST APPROVED BY:

DEPARTMENT CHAIR: _____ DATE: _____ DEAN: _____ DATE: _____

VICE PRESIDENT: _____ DATE: _____ SENIOR COMMUNICATIONS OFFICER: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY UNIVERSITY COMMUNICATIONS

Approval To Proceed Received: _____ Communications Project Editor Assigned: _____