

# SFA

Stephen F. Austin State University <sup>TM</sup>

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REQ.# SFA Dept. Only

Licensing Coordinator  
P.O. Box 13010 SFA Station  
Stephen F. Austin State University 75962  
(936) 468-3501  
Fax (936) 468-7029

Date: \_\_\_\_\_

# Art Approval Form

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ Fax: \_\_\_\_\_

Product: \_\_\_\_\_ Quantity: \_\_\_\_\_

Company Imprinting Merchandise: \_\_\_\_\_  
(Licensed Vendor Preferred)

Purpose: \_\_\_\_\_

How will these be distributed (resale, members only, department only, etc.)

<b>APPROVED</b> <input type="checkbox"/>	<b>DISAPPROVED</b> <input type="checkbox"/>
<b>ROYALTY PAYMENT REQUIRED FOR THIS JOB</b>	
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Licensing Coordinator*

\_\_\_\_\_  
*Date*

**Note: Art approvals are limited to the job specified on this sheet. Re-orders require additional approval.**