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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.)

APPROVED DISAPPROVED
ROYALTY PAYMENT REQUIRED FOR THIS JOB
YES NO

Comments: _____

Signature of Licensing Coordinator

Date

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