BUSINESS CARD REQUEST FORM

Please complete all areas; any area left blank will not be included on your business cards. Please print or type clearly.

NAME as you would like it to appear on your business cards. You may include any degrees or distinctions after your name; e.g. Ph.D., M.A., etc.

____________________________

OFFICIAL TITLE or POSITION:

____________________________

DEPARTMENT or SCHOOL:

____________________________

ADDRESS:

____________________________
Buffalo, New York 14_______ ______ (please indicate the last 2 digits of your zip code)

PHONE NUMBER: __________________________

DISTRICT CELL PHONE NUMBER: __________________________

FAX NUMBER: __________________________

E-MAIL ADDRESS: __________________________@buffaloschools.org

IMMEDIATE SUPERVISOR SIGNATURE __________________________ DATE __________

CABINET MEMBER SIGNATURE __________________________ DATE __________

You may submit your completed request to the Public Relations Department by e-mail publicrelations@buffaloschools.org or fax (851-3033).

Please note: It is not the responsibility of the Public Relations Department to verify and/or correct the information you have provided.