

# 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.