

Trademark Authorization Form

This form is used to request a one-time use of UW-Stevens Point trademarks for non-profit/personal use (not for resale).

Name of person requesting permission: ______ Date: _____

All marks must be used in their original form and may not be altered in any way. The marks must include the proper registration symbol - TM - if applicable. For more information, please consult the UW-Stevens Point Communications Manual.

How how is this pe	erson affiliated with UW-Stevens Point?	
Phone number:	Email :	
Purpose of logo usa	age:	
Logo(s) Requested:	:	
Vendor Name:		
Vendor Address:		
Vendor Phone Nur	mber: Quantity: Length of Use:	
Additional Comme	ents:	
Please complete	e this form and email to ucm@uwsp.edu	
	*** Artwork must be attached for approval ***	
FOR INTERN	NAL USE ONLY:	
Date:	□ Approved □ Approved w/changes □ Not Approved	
Comments: _		_
_		_
_		-
Approved by: _		
_		