



DEANS, DIRECTORS AND DEPARTMENT HEADS  
LABEL REQUEST FORM

*Allow two weeks for completion of your request.*

Date: Department name/number:

Date labels needed:

Reason for request:

Special instructions:

**Request**

Labels	Danforth Campus only
Label file	Medical School only
Email file	Both campuses

**Delivery Instructions**

Call when ready (phone number: )

Mail (campus box: )

Email request (email address: )

Requested by: Phone number:

Requester Signature Date

*Return this completed form to Human Resources at campus box 1184.*

<b>Official Use Only</b>				
Request Approved	Date	Date Sent:	Time:	am – pm

