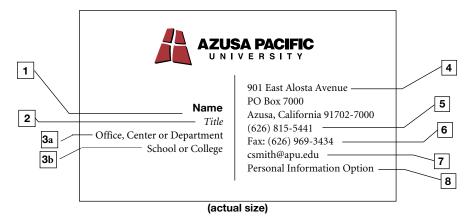


Business Card Request Form

Print Form

Complete and send form to the Office of Human Resources via email (hrstu@apu.edu) or fax (626) 466-9342 to initiate an order.



For Office Use Only	

*Azusa campus business cards will include the university mailing address (PO Box 7000, Azusa, CA 91702-7000) below employee's physical address.

Please refer to the illustration above for information style and la	vout.
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$\hfill \square$ New order—first time ordering or change	Quantity: 50	□ 100 □ 250		
☐ Reprint—no changes (please attach a cu	urrent business card f	for all reprint orders)		
Please enter account number (for adjunct fa	culty, rush orders or e	error corrections only): _		
Please explain the need, if relevant, for orde	ring more than 250 b	ousiness cards:		
Approved By:(Type/Print Supervisor)	Name)		(Approval Signature)	
1. Name: First	MI (optional)	Last	Deç	ree* - Master's or higher only
APU ID #		Select your status:	Adjunct Faculty require approval from Dean	
2. Title: Primary (required and will be verified a	gainst PeopleSoft records)	-	Secondary (option	al)
3a. Office, Center or Department Name		no abbreviations.		
3b. School or College Name (if applicable)_	Full name,	no abbreviations.		
4. Physical University Address:	Street		City	Zip
5. University Phone	Ext	6. University Fax	c:	
7. University Email:				
8. Personal Information Option (This is option	onal and you may onl	ly list one, i.e, a persona	ıl cellphone or email):	
Select one :				

The university web address, apu.edu, will appear on the reverse side of all business cards.

If you have any questions, please contact the Office of Human Resources at Ext. 4526.