To: Request for Use of Panther PhD Materials

Form to request permission to use Panther PhD material

Name:
Organization:
Address:
Telephone: Fax: Email:

Describe the Panther PhD materials in which you plan to utilize and if appropriate, provide a detailed explanation in how our materials will be useful to your organization.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe in detail the manner in which you propose to use the Panther PhD material. Include the title of your program, name of organization, program date, as well as the propose to use materials, expected quantity, how long you propose to use the material and the expected audience:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Provide proposed text that will be used with the material, such as explanations, captions, etc.:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Send this form by email to thepymphds@gmail.com or by fax to 936-857-4999 or it can be turned in at the front desk of the Owens Franklin Health Center.

PLEASE NOTE THAT IT CAN TAKE UP TO 5 DAYS TO GET AN APPROVAL. PLEASE INDICATE A DEADLINE AND WE WILL TRY OUR BEST TO MEET IT.

Organization Representative Signature: ____________________________ Date: ___________

Panther PhD/Health Services Signature: ____________________________ Date: ___________