# Request for Business Cards

<table>
<thead>
<tr>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE:</td>
<td>SUBMITTED AS</td>
<td>HR: SUBMISSION CORRECTIONS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEGREE:</th>
<th>TITLE:</th>
<th>DIVISION:</th>
<th>CAMPUS:</th>
<th>ADDRESS:</th>
<th>TELEPHONE NO:</th>
<th>CELL NO (optional):</th>
<th>FAX NO (with area code):</th>
<th>EMAIL:</th>
</tr>
</thead>
<tbody>
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</tbody>
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**Sample:**

John Doe, Ph.D., MS  
Instructor, Social Science  
Downtown Campus  
1001 W. Fort St., Detroit, MI 48226  
(313) 496-8888  
Fax: (313) 496-9999  
Email: jdoe1@wcccd.edu  
Cell: (313) 244-1234

**Please Note:**

1. Incomplete information will not be processed.  
2. Incorrect information will not result in reprinting free of charge.  
3. Use your legal name (no nicknames)

Approved by:

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Campus President/Vice Chancellor  
Date

Vice Chancellor of Institutional Advancement  
Date

Office of Human Resources and Accountability  
Date

(If necessary, call the Information Technology Division at 313-496-2622 to verify your correct E-mail address or to obtain an Email address.)

Revised 12/16/13  
Form No: HR RBC-17-13