The Office of Trademark Licensing  
Department of Intercollegiate Athletics  
University of North Florida  
(904) 620-1537  
FAX: (904) 620-2836

Art Approval Form

Contact Name: ___________________________ Phone: _______________________

Organization/Department: ___________________________ Fax: ______________

Product: ___________________________ Quantity: _______________________

Company Imprinting Merchandise: ___________________________  
(Must be a Licensed Vendor)

Purpose: __________________________________________

Distribution (resale, members only, department only, etc.): _______________________

Color of merchandise and Color of logo: ___________________________

APPROVED □  APPROVED W/CHANGES □ DISAPPROVED □  
ROYALTY PAYMENT REQUIRED FOR THIS JOB;  
YES: _______  NO: _______

This area to be completed by Office of Trademarks & Licensing

Comments: __________________________________________

_____________________________________________________

_____________________________________________________

Signature of Trademark Licensing  Date

Note: Copy of artwork must be attached. Art approvals are limited to the job specified on this sheet. Re-orders require additional approval.