**INTERNAL REQUEST DIRECT APPROVAL FORM**

*Proposed design/graphic must be submitted with this form*

**Organization:**

**Are you a registered student group:**  Yes  No

**Contact:**

**Phone:**    Fax:

**Email:**

**Product Type:**

**Quantity:**

**Purpose of Merchandise:**

**Product will be (check all that apply):**
- [ ] Sold to general public
- [ ] Given to members only
- [ ] Sold to members only
- [ ] Other

**Proceeds will be used for: (check one)**
- [ ] Educational programs
- [ ] Support of philanthropy
- [ ] Social events (description)
- [ ] Other

**Name of licensed screen printer:**

**Contact:**

**Phone:**    Email:

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This section to be completed by ASU Licensing Office

**ARTWORK APPROVED**

**ARTWORK APPROVED WITH CHANGES:**

**DISAPPROVED FOR THE FOLLOWING REASON(S):**

**Signature of Trademark Licensing Office**

Date