



**NEW YORK CITY  
COLLEGE OF TECHNOLOGY**  
 THE CITY UNIVERSITY OF NEW YORK  
**OFFICE OF FACULTY AND STAFF RELATIONS**  
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**BUSINESS CARDS REQUISITION FORM**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Printed name and applicable suffix, e.g., PhD, RA, etc.)*

**Job Title:** \_\_\_\_\_  
*(e.g., ECP, Faculty, Instructional or Classified Managerial Staff Title)*

**Rank:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Building Location:** \_\_\_\_\_

**Program Area / Department Unit:** \_\_\_\_\_

**Functional Title:** \_\_\_\_\_  
*(Print title as it should appear on card.)*

**College Phone #:** \_\_\_\_\_ **College Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
*(Only your [citytech@citytech.cuny.edu](mailto:citytech@citytech.cuny.edu) e-mail address can be used.)*

**Building and Room Number:** \_\_\_\_\_  
 \_\_\_\_\_

**Approval by Department Chair / Unit Administrator / Cabinet Member:\***

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFSR USE ONLY:**

**Approved for Title:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**OFSR Executive Director (or designee)**

*\*Completed form must be returned to OFSR (Namm 301) for review and approval.*

