

WORK REQUEST

Marketing Communication

Phone (805) 546-3108 Fax (805) 546-3921

Contact person: _____

Department: _____ Phone: _____

Your email address: _____ (i.e. you@cuesta.edu)

Your supervisor's or dean's email address: _____

All requests must be approved by respective VPs, Deans, Directors or Division Chair

Desired due date: _____ **Date / Time of event:** _____

*Information should reach us at **least two weeks prior to the release date, but not more than one month.** Printed materials will need a longer lead time.*

Please make sure all information in description is accurate and spelled correctly

Service requested: (news release, photo, design services, publication etc.)*

Audience: _____

- Pick Up Design New Design
 Text emailed

Description: _____

Any other special requests, questions or information:

By submitting the online work request form I understand the Marketing and Communications Policy, Priorities and Procedures. I also understand that filling out the online work request form is only a request for services and in no way guarantees that my request will be filled by the Marketing and Communications office.

NOTE: please make sure all information, spelling and content is accurate, all information will be used how we receive it.

