Recognized Student organizations, as defined by the University, using the names, marks, logos, seals, and/or symbols of St. Ambrose University in any commercial venture, whether fund-raising or promotional, are required to seek prior approval for St. Ambrose University licensing from the Campus Recreation Office, (563) 333-6023. Products sold or given away bearing the trademarks of the University and the names or logos of a recognized student organization, for the sole benefit of that organization, must be purchased from licensed vendors whenever possible. The following waiver must be completed and signed by the appropriate representative of the Recognized Student Organization and the Licensing Administrator prior to project initiation.

Name of Recognized Student Organization

Academic Year

University Account No.

Description of Project

(Attach Copy of Design Logo)

Products to be sold/given away

Cost of Products

Supplier of Products

I verify that the above organization is a current Recognized Organization, and that the fund-raising/promotional project described above is only for the purpose of generating revenue for or promoting the organization, not for the profit of an individual or business.

Signature of Authorized Organization Representative  Phone  Date
The use of the St. Ambrose University Trademark in the above project has been approved by St. Ambrose University and is exempt from the royalty charge:

Signature of Licensing Administrator  Date

DESIGN APPROVAL

TO: ________________________________________________

FAX #: ________________________________________________

Date Materials Received

Licensing Administrator

Phone  FAX

Affiliation  IND  CLC √  LRG  NECL  NCAA  BOWL  SKI

Designation Requirements:    _______ TM    _______ ®
                             _______ None    _______ Other

Please specify location of marks:

________________________________________________________

________________________________________________________

Approval: _______ Yes _______ No _______ Yes, with changes noted below

________________________________________________________

________________________________________________________

________________________________________________________

_________ No, with reasons or corrections needed to obtain approval.

________________________________________________________
Signature: ________________________________

Date: ________________________________

Director of Communications & Marketing