District Reprographics / Digital Print Business Card Request Form

Requests for customizations of business cards will not be accepted. Please show the exact spelling and puncuation for your business cards.

Employee ID#	
Legal Name (As officially docu	umented with People, Culture, and Technology Dept
Preferred Name (Optional; it	f provided, this name will be used)
Educational Credentials (Optional; max 20 characters)
Pronouns (Optional; max 20 c	characters)
Official Job Title (As listed w	vith People, Culture, and Technology Dept.)
Department, division, or s	school name (As officially recognized by District or college)
Campus/work site (Address	s will be shown via QR code on business card)
Office Phone Number	Secondary Phone Number (Optional) Type of Phone
Fax Number (Optional)	
Email @sdccd.edu	



Logo to be displayed on front

Quantity - Single Sided	Quantity - Double Sided
250 cards (\$42)	250 cards (\$79)
500 cards (\$53)	500 cards (\$99)
1,000 cards (\$57)	1,000 cards (\$109)
Budget number to be char	ged
Delivery: Provide campus	and room number to be delivered to
I certify that the information to the best of my knowled	on provided on this form is accurate ge.
Signature	Date
	n is accurate and reflects official sion/school for the employee listed.
This order is authorized b	y:
Appropriate Manager	
Alb auguros	Do Dolono Docomo





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First Last, MBA, MS, MA, Ph.D., Psy.D., BS

(pronoun/pronoun)
Title and/or Department
Department name and/or Secondary title
emailaddress@sdccd.edu
0: (012)345-6789 * C: (012)345-6789 * F: (012)345-6789

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First Lastname, MBA, MS, MA, Ph.D., Psy.D., BS

(pronoun/pronoun-pronoun - always 2nd line)
Title and/or Department
Division name and/or Secondary title
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