

BUSINESS CARD REQUEST FORM

Please fill in the information below. Be sure that all information is typed or printed legibly, exactly as it is to appear on the printed card. Leave blank any spaces that do not apply. Be sure to use your official Baruch faculty title. Do not add titles, addresses, or phone numbers of any non-Baruch affiliation. A proof will be sent to your department for verification and proofreading.

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Signature, person requesting card

Signature, Department Chair/Program Director

PLEASE FORWARD COMPLETED FORM TO BOX D-901

Attention: Rusudan Chitaia