

**University of Wisconsin-Whitewater Licensing Program
Licensing Waiver for University Organizations**

Name of University
Organization _____

Academic Year _____

University Acct. No. _____

Description of Project _____

(Attach Copy of Design Logo)

Project/Sales Data _____

Products to be sold/
given away _____

Cost of Products _____

Supplier of Products _____

I verify that the above organization is an approved University Organization and that the indicated activity is non-revenue generating project or for the products the organization will give away or use internally.

Signature of Authorized
Organization Representative

Phone

Date

The use of the University of Wisconsin-Whitewater Trademark in the above project has been approved by the University of Wisconsin-Whitewater and is exempt from the royalty charge.

Signature of Licensing
Administrator

Date

DESIGN APPROVAL ON BACK/ATTACH DESIGN(S)

DESIGN APPROVAL

TO: _____

FAX #: _____

Date materials Received: _____

Licensing Administrator: Stephen Summers

Phone: (262) 472-1172

Fax: (262) 472-1275

Affiliation: 9 IND 9 CLC 9 LRG 9 NBCL 9 NCAA 9 BOWL 9 SKI

Designation Requirements: _____ TM _____ 7

_____ None _____ Other

Please specify location of marks: _____

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

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

Siganture: _____ Date: _____

Deputy Assistant Chancellor
for Student Affairs