**Campus Memorial/Commemoration Request Form**

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| **Applicant Name** |  | **Telephone** |  |
| **Address** |  |
| **Requested by (Department)** |  | **Email** |  |

**Memorial/Commemoration in remembrance of (name and relationship to Otago Polytechnic)**

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**Reasons for memorial/commemoration**

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**Memorial/Commemorative item(s) requested:**

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| **Item** | **Selection** (please tick) | **Only provide details for the item(s) you have selected** |
| **Options****Plaque,****Donation,****Scholarship,****Other (please describe)** |  | **Wording to appear on plaque (please restrict to 20 words)** |

**All memorials/commemorations are payable by the applicant.**

**Entry for commemorative register (please restrict to 150 words): NB: some editing of text for consistency may be required**

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| ***Office use only*****Date request received:** **Authorised by Capital Works and Facilities Manager (signature): Date:****Date memorial register updated:** |