

UAB Env Request Form - page 1 of 2

If you have a **PREVIOUSLY PRINTED SAMPLE**, and there are **NO CHANGES**, attach the sample along with the ordering information on page 2 of this document. If there are **ANY CHANGES**, note them on your sample and attach the revised sample along with the ordering information. If you are submitting a brand new order, you may use someone else's card as a sample or fill out the information below. **Whether your order is new, has changes, or has no changes, please see page 2 of this document to fill out the ORDERING INFORMATION.** If you have questions, please call 934-3790.

PLEASE CHOOSE THE APPROPRIATE HEADING

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

School of; Trustee Approved Centers; Joint Departments; Major Component such as: Office of the Provost, Vice President or a unit that reports directly to the President such as: Athletic Department or Governmental Relations; an Associate Provost or the Vice President for Financial Affairs and Administration or Associate Vice President-level office reporting to either the Vice President for Development, Alumni, and External Relations (like Office of Public Relations and Marketing)

UAB MEDICINE

Components of the UAB Health System: UAB Hospital, The Kirklın Clinic, UAB Health Centers, and the Eye Foundation Hospital at UAB; University of Alabama Health Services Foundation, PC; School of Medicine (departments that are clinical or patient oriented)

UAB JOINT HEALTH SCIENCES

Department _____

UAB

CHOOSE FROM THE FOLLOWING: Graduate School, Education Foundation, Research Foundation, Mervyn H. Sterne Library, Lister Hill Library of the Health Sciences

Department _____

Green or Black Logo

PLEASE PRINT ATTACHED SAMPLE

If no sample is available, please fill out the following information.

(DEPARTMENT - OPTIONAL, IF NOT ALLOWED ABOVE)

(DIVISION - OPTIONAL)

(BUILDING ABBREVIATION AND ROOM #)

(STREET ADDRESS OF ABOVE BUILDING)

Please specify below which mailing address is appropriate for your office.

UAB CAMPUS:
1720 2ND AVE S
BIRMINGHAM AL 35294- _____

THE KIRKLIN CLINIC OF UAB HOSPITAL:
2000 6TH AVE S
BIRMINGHAM AL 35233-0271

UAB HOSPITAL 4-digit zip required:
619 19TH ST S
BIRMINGHAM AL 35249- _____

OFF CAMPUS:

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Office of Public Relations and Marketing
Media Relations
AB 1320 • 701 20th Street South
1720 2ND AVE S
BIRMINGHAM, AL 35294-0113

UAB MEDICINE
PEDIATRIC CARDIOLOGY
176F Ste 9100 • 1700 6th Avenue South
619 19TH ST S
BIRMINGHAM AL 35249-6852

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
School of Medicine
Department of Surgery
KB 428 • 1922 7th Avenue South
1720 2ND AVE S
BIRMINGHAM AL 35294-0016

If you are using an HSF account number, you must supply an HSF Internal Requisition. The HSF requisition must have the account number, object code, and the departmental authorized signature. For Oracle account numbers, see page 2 of this request form.

