

UAB Formal or Informal Letterhead 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 Kirklin Clinic, UAB Health Centers, and the Callahan Eye Foundation Hospital at UAB; University of Alabama Health Services Foundation, PC; School of Medicine (departments that are clinical or patient oriented)

☐ **UAB** CENTER
FOR. . .

Trustee Approved Centers

Department or Unit

☐ **UAB** SCHOOL
OF. . .

Department

☐ **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

☐ PLEASE PRINT ATTACHED SAMPLE

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

☐ FORMAL Green ☐ or Black ☐ Logo

DEPARTMENT (OPTIONAL, IF NOT IN HEADING ABOVE)

DIVISION (OPTIONAL)

ROOM # AND OFFICIAL BUILDING NAME

STREET ADDRESS OF ABOVE BUILDING

CITY, STATE, AND NON-CAMPUS ZIP (for **INFORMAL** letterhead only)

PHONE

FAX

CELL (OPTIONAL)

E-MAIL (OPTIONAL)

WEB ADDRESS (OPTIONAL)

MAILING ADDRESS:

(BUILDING ABBREVIATION AND ROOM #)

For **FORMAL** letterheads, 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:**

☐ 1" Logo with Marketing approval 4-5310

INFORMAL - See page 2
for Informal Letterhead.

UAB MEDICINE
UAB HOSPITAL

UAB THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM

Health and Safety Emergency
1107 Atchafalaya Tower
UAB Health System South
Campus
No ambulances

One Stop Student Services
140 Blazer Hall
920 16th Street South
205 934 4300
onestop@uab.edu
www.uab.edu/onestop

Mailing Address:
822H 140
1720 2ND AVE S
BIRMINGHAM AL 35294-1113



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.

Please sign here and note the date to acknowledge delivery: RECEIVED BY (please print legibly) DATE