**Otago Polytechnic Campus Memorial/Commemoration Request Form**

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

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

 **Reasons for memorial/commemoration**

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

|  |  |  |
| --- | --- | --- |
| **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**

  ***Office use only***

 **Date request received:**

 **Authorised by Executive Director or equivalent (signature):**

**Date:**

**Date Otago Polytechnic Memorial and Commemorative Register updated:**