**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:**