PRESIDENTIAL ACKNOWLEDGEMENT LETTER

STAFF REQUEST FORM

PLEASE PRINT OR TYPE ALL INFORMATION - *thank you*

TODAY'S DATE: _____ **DATE OF EVENT:** _____

Request to: *Presidential Support*
Room 62
Ext. 62304

From: (Name) _____
(Department) _____
(Room) _____
(Ext.) _____

A minimum of two weeks notice is required for processing. All requests are subject to final approval by the Director of Correspondence and Presidential Messages.

Mark ☒ in appropriate box and include any additional comments pertinent to the request in the "information" space below.

TYPE OF EVENT

- ☐ **RETIREMENT** *(number of years; name of company or government agency)*
- ☐ **WEDDING ANNIVERSARY** *(number of years)*
- ☐ **ILLNESS** *(type: surgery, accident, cancer, etc.)*
- ☐ **BIRTHDAY** *(number of years)*
- ☐ **CONDOLENCE** *(sent to next of kin only)*
- ☐ **WEDDING** *(provide first names)*
- ☐ **BIRTH OF BABY** (card to child) *(child's full name)*
- ☐ **GRADUATION** *(list name of school and degree awarded)*
- ☐ **BAR OR BAT MITZVAH**
- ☐ **BIRTH OF BABY** (card to parents) *(parents' full name & child's full name)*
- ☐ **ADOPTION** *(list parents' & child's names)*
- ☐ **OTHER** *(please specify below)*

Information: _____

_____

_____

Inside address for letter *(complete address to appear on letter)* **Circle one:** Mr. Mrs. Miss Mr. & Mrs. Dr. Ms.

Name: _____

Address: _____

City/State/Zip Code: _____

Mailing address for label *(include complete address and zip code)* **Circle one:** Mr. Mrs. Miss Mr. & Mrs. Dr. Ms.
(if different from "inside address")

Name: _____

Address: _____

City/State/Zip Code: _____