

Duke University
 Trademark Licensing Office
 016 West Union Building, Box 90850
 Durham, NC 27708
 Phone: 919.684.2065
 Fax: 919.684.6411

TRADEMARKS USE REQUEST

ORGANIZATION INFORMATION

Department/Organization	Date
Requestor Name	Telephone
E-Mail Address	

PRODUCT INFORMATION

Product Description	Quantity Desired
Attach Artwork, and include all Names/Logo to Appear on Product	Date Needed
Purpose/Event	PERIOD OF EVENT
	From
	To
State whether Product will be Sold or Given Away	
If sold, where will the Proceeds be Directed?	

MANUFACTURER

Contact Person	Telephone		
Company Name			
Address (Street)	(City)	(State)	(Zip)

This area to be completed by the Office of Trademark Licensing

APPROVED: _____

APPROVED WITH CHANGES: _____

DISAPPROVED: _____

ROYALTY PAYMENT REQUIRED:

Yes _____ No _____

COMMENTS: _____

Signature: _____

Date: _____