

# Signature or Draft Approval

## Chancellor Michael F. Collins, MD

This form must be attached to all documents and correspondence that require the Chancellor's signature or draft approval.

PLEASE INDICATE IF THIS IS URGENT OR ASAP, SO WE MAY ACT ACCORDINGLY

URGENT \_\_\_\_\_

ASAP \_\_\_\_\_

Department: \_\_\_\_\_

PER: \_\_\_\_\_

Explanation of materials/letters: \_\_\_\_\_

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Legal Review: \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ N/A

CONTACT PERSON:

EXTENSION: \_\_\_\_\_

DATE SENT: \_\_\_\_\_