YORK UNIVERSITY LICENSING PROGRAM

1050 Kaneff Tower, 4700 Keele Street, Toronto, ON M3J 1P3

Item Sample Approval Request Form

Part A: to be completed by licensee	
Date:	Licensee:
Product:	Being sold to:
Name of Logo used and Location on Product: Sample or accurate picture should be inserted in this box, or attached to this form. If being sent via email, please attach logo as a jpeg file: *I certify and declare that this product was not produced under illegal or unfair labour conditions.*	
Signature of Licensee:	Title:

Part B: to be completed by York University	
Date:	Name:
Licensee in Good Standing: ___ Yes ___ No	Signature:
Request Approved: ___ Yes ___ No	Title: