



# AUTHORIZATION FORM

|                      |  |                    |  |
|----------------------|--|--------------------|--|
| Your Name:           |  | Event Date:        |  |
| Division/Department: |  | Event Time:        |  |
| Event/Program:       |  | Your Phone Number: |  |

## EVENT DESCRIPTION

Briefly describe the event, what it is and what its purpose is.

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## JUSTIFICATION FOR LATENESS

Briefly describe the reasoning behind why the Marketing Request is being submitted with late notice.

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## TERMS FOR THIS AUTHORIZATION

With less than 45 days' notice (from the date of the marketing request submission), with approval of the Directorate, a minimal digital campaign will be created and published to social media and the website.

Approved by:

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Print Deputy Director First & Last Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature