AZUSA PACIFIC UNIVERSITY  
CONTRACT / AGREEMENT REQUEST  

TO ______________________________ DATE ____________  
FROM ___________________________ # of Originals ___  

NAME OF DOCUMENT ____________________________  
DESCRIPTION ___________________________________  
CONTACT INFO: ____________________________________  

Reviewed and Approved by: 

Mark Dickerson  
☑ Approved ___________ Date ___________  
☐ Please provide additional information: 

Originals  
☐ Returned to _______________________________  
Date ___________  

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