



**MEDIA CREDENTIALS REQUEST FORM**

**University & Media Relations**

PLEASE TYPE OR PRINT

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Credentials requested: \_\_\_\_\_

Media Format: \_\_\_\_\_

Names and job titles from organization requesting credentials: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Please Fax to TSU Media Relations: 1.615.963.5315