



# Maricopa County Community College District

## Naming Rights Nomination Form

**Note: This form should be filled out completely, signed and submitted to-**

- **The Chancellor of the Maricopa County Community College District**
- **The President of the Maricopa Community College at which the naming is being requested**
- **The President/CEO of the Maricopa County Community College District Foundation**

Name of Originator: \_\_\_\_\_

Department/Division: \_\_\_\_\_  
(If originator is an employee)

Originator's Address: \_\_\_\_\_  
(If originator is not an employee)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Proposed Honoree's Name: \_\_\_\_\_

Honoree's Affiliation: \_\_\_\_\_  
(Corporation/Foundation/Organization)

Address of Honoree/Affiliation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_  Home  Cell  Message

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

Is the proposed honoree deceased?  Yes  No

Relationship to College/District: \_\_\_\_\_

Object (building, classroom, plaza, etc.) to be named and its location:  
\_\_\_\_\_

Category for Which the Honoree is Nominated:

**For distinguished service**

academic capacity  administrative capacity  service as an elected official)

**For a donation**

**Please attach materials as appropriate to support the nomination and as evidence that all criteria for this honor, as detailed in Administrative Regulation 4.10 have been met.**

\_\_\_\_\_  
Signature of Originator

\_\_\_\_\_  
Date