

TEXAS SOUTHERN UNIVERSITY Intellectual Property Use Permission Form

Thank you for your interest in Texas Southern University. Please fill out the following information to submit your request to utilize the University's marks, website, or other communication materials.

Name:	Date:	
Company:	Phone:	
Address:		
I am interested in using Texas Southern	u University's (check all applicable):	
Logo		
Athletics	Institutional	☐ TSU
Other (specify:)	
Seal		
☐ Tiger Image		
TSU Website		
Link to TSU	Link from TSU to Other	
URL:		
TSU Photo(s) – Name Specific Phot	ro(s):	
TSU Video(s) – Name Specific Video	eo(s):	
TSU Publication(s) – Name specific	publication(s):	
I plan to use this/these resource(s) for [commercial non-commercial purposes.	
I plan to use this/these resource(s) in the following manner:		



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I plan to use this /these resource(s) to support the follo	owing programs(s):
I plan to use this/these resource(s) over the following	period of time:
I am working with	(TSU Department / Organization) in
partnership on this project.	
I,	arks throughout the term of this agreement and that all inure to the benefit of TSU. Applicant hereby othern University, its regents, officers, employees es, claims, damages, loses, actions, causes of actions. Applicant agrees that it will not grant or attempt the uty under this agreement to any person, companying party. Applicant agrees that it will not use TSU's expermission form and any unauthorized use of the reement and further legal consequences. Applicant agreed use of the Marks by third parties of which it is not proceeding brought to enforce TSU's exclusive and nature of the use of the Marks shall be subject to TSU's Marks in any manner which could cause
Signature	Date



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Return this form to the following address for approval:

Texas Southern University c/o Office of General Counsel 3100 Cleburne Street Houston, TX 77004

DO NOT WRITE BELOW THIS LINE

Approval is granted denied for limited use of the following resource(s):	owing Texas Southern University	
For the following program and time period:		
OFFICE OF UNIVERSITY ADVANCEMENT		
Signature	 Date	
Name	Title	
OFFICE OF GENERAL COUNSEL		
Signature	Date	
Name		

Note: Modification of this Form requires approval by the Office of General Counsel.