
Intake Form

"*" indicates required fields

Title for the Request *

If the matter is about a person or company, please start the title with their name. Please do not include your own name in the title.

Campus FCOC Committee

Request Information

Does this request need to be resolved in less than 2 weeks?

- Yes
- No **<--You'll need more than 2 weeks for the committee to hold discussions.**

Have you already discussed or started working on this request with an OGC attorney? *

- Yes
- No

Have you been in contact with anyone else at System about this issue?

- Yes
- No

Other Stakeholders

0 of 200 max characters

Summary of Request

Is this request about a person (i.e. student, employee, volunteer)? *

Yes

No

Action Requested *

In 1 sentence, please tell us the action you'd like the OGC to take. Context or narrative can be added in the next field.

Request OGC representation on our campus FCOC committee to discuss a prospective relationship.

94 of 300 max characters

Context or Narrative for the Requested Action

Add FCOC Team Member email addresses here, separated by ";" (no names, titles, etc. needed)

Your Contact Information

Name

The name of the main campus FCOC team liaison to

Ex: Doe

First

Last

Institution *

-Select Institution-

Department *

Ex: Office of Student Affairs

Email *

Ex: janedoe@uwemail.e

Phone

(xxx) xxx-xxxx

Document Submission

Are there documents to upload? *

Yes

No