



Faculty of Creative Arts

UOW ART COLLECTION – REQUISITION FORM

REQUESTED BY

Full Name: _____
Position: _____
Unit/Dept: _____
Room No: _____ (Signature) _____ Date _____
Phone: _____
Email: _____

REQUEST

New Artwork
Change existing Artwork
Removal of Artwork
Relocation of Artwork
Label
Other

DETAILS OF REQUEST

Empty space for details of request.

APPROVED BY

Professor Amanda Lawson
Director _____ (Signature) _____ Date _____
UOW Art Collection

ART COLLECTION USE ONLY

Requisitioner Contacted: _____
Artwork/s PC Number/s: _____
New Location: _____
Database noted:
Request Completed: