

Center for Access-Ability Resources (CAAR)
Northern Illinois University
University Health Service
(815)753-1303 V/TTY

**"University Friends of CAAR"
Nomination Form**

Name of Nominator: _____ **Phone:** _____

Name of Nominee: _____

The Nominee is: (Please check one of the following)

Faculty Instructor Staff Advisor GA or TA Other _____

Department: _____

Course: _____

Semester: _____

**Please write a brief explanation of why you want to nominate this person as a
"University Friend of CAAR"**

Nominator Signature: _____ **Date:** _____

For Office Use Only:

Date Rec'd. _____
Rec'd. By _____
Approval _____

Letter Sent (cc: Chair) _____
Certificate & Invite _____
Northern Star/Today _____