Veterinary Services – Internet Content Approval Process

Web Site Information		
Date of Request:		
Desired Publication Date:		
Program Name	Department	
Type of Request		
☐ New Page	Home Page URL:	
☐ Modification/Update	URL:	
Contact Information		
Last Name	First Name	Title
Telephone Number	Fax Number	Email Address
Task Description (give a brief description of the task)		
For non-USDA/APHIS Information Is any of the content protected by a copyright? ☐ Yes ☐ No If yes, do you have the written permission of the owner to use this information? (Attach) ☐ Yes ☐ No		
Supervisory Approval		
Name/Title of Supervising Official:		
Approved	Denied	Changes Required
Date:	Date:	Date:
VSMT Representative Approval		
Name/Title of Supervising Official:		
Approved	Denied	Changes Required
Date:	Date:	Date:
Web Manager Approval		
Approved	Denied	Changes Required
Date:	Date:	Date:
Request Status		
Pending (test server)	Complete (live server)	Changes Required
Date:	Date:	Date: