



# CONTRACT REVIEW REQUEST FORM

Please be sure to complete all sections.  
Submit this form, the agreement, and any ancillary documents to [legalreview@sacredheart.edu](mailto:legalreview@sacredheart.edu).

## Parties:

1. SHU Employee requesting review: \_\_\_\_\_  
*Name*
2. Name of company: \_\_\_\_\_  
*Name* *Email*
3. Name of authorized signer: \_\_\_\_\_  
*Name* *Email*

## Agreement Details:

4. Type of Agreement: LEASE MOU INDEPENDENT SERVICE CONTRACT AFFILIATION SERVICES ORDER  
FACILITIES USE OTHER: \_\_\_\_\_
5. Value: \$ \_\_\_\_\_ **PLEASE CHOOSE:** LIABILITY FOR SHU BENEFIT FOR SHU
6. Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Auto Renewal: YES NO
7. Renewal of Existing Contract? YES NO *(If yes, please attach.)*

## Legal Issues:

8. Location of Legal Disputes? YES NO STATE: \_\_\_\_\_
9. Arbitration or Mediation Clause? YES NO
10. Insurance Required? YES NO

## SHU Requirements:

11. All items (exhibits, drawings, addenda) attached? YES NO
12. Reviewed/Approved by appropriate SHU VP/Supervisor? YES NO \_\_\_\_\_  
*Name of VP/Supervisor*

## Signatories:

13. Authorized Vendor Signatory:  
\_\_\_\_\_  
*Name* *Title* *Email*
14. SHU Authorized Signatory:  
\_\_\_\_\_  
*Name* *Title* *Email*
15. Person(s) requiring a cc of the final version:  
\_\_\_\_\_  
*Name* *Title* *Email*  
\_\_\_\_\_  
*Name* *Title* *Email*