**UTHealth Houston General**

**Signature template (UTHealth Houston email logo)**  
 **Name**Title

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**Signature template (type only)**  
 **Name**Title

**UTHealth Houston**

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**McGovern Medical School**

Text

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 **Name**Title

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Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**Signature template (type only + school name)**

**Name**Title

**UTHealth Houston** | McGovern Medical School

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Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**McWilliams School of Biomedical Informatics**

**Signature template (UTHealth email logo + school name)**  
 **Name**Title

**Text

Description automatically generated with low confidence**

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Address | Suite, Room, or Floor | City, State ZIP

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**Signature template (type only + school name)**  
 **Name**Title

**UTHealth Houston** | McWilliams School of Biomedical Informatics

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**MD Anderson UTHealth Graduate School**

**Signature template (UTHealth + MDACC dual email logo)**  
 **Name**Title

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Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

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www.uth.edu (or department/school website) *optional*

**Signature template (type only + school name)**  
 **Name**Title

**The University of Texas MD Anderson Cancer Center UTHealth Houston**

**Graduate School of Biomedical Sciences**

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**School of Dentistry**

Text

Description automatically generated with medium confidence**Signature template (UTHealth email logo + school name)**  
 **Name**Title

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**Signature template (type only + school name)**  
 **Name**Title

**UTHealth Houston** | School of Dentistry

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**Cizik School of Nursing**

Text

Description automatically generated with low confidence**Signature template (UTHealth email logo + school name)**  
 **Name**Title

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**Signature template (type only + school name)**  
 **Name**Title

**UTHealth Houston** | Cizik School of Nursing

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

www.uth.edu (or department/school website) *optional*

**School of Public Health**

**Signature template (UTHealth email logo + school name)**  
 **Name**Title

Text

Description automatically generated

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax

**Signature template (type only + school name)**  
 **Name**Title

**UTHealth Houston** | School of Public Health

Office/Department/Center/Institute | Area or team within office/department/etc. *optional*

Address | Suite, Room, or Floor | City, State ZIP

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