

## UTHealth Houston General

### Signature template (UTHealth Houston email logo)

Name

Title

Pronouns: (X/Y/Z)



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

Pronouns: (X/Y/Z)

#### 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

### Signature template (UTHealth email logo + school name)

Name

Title

Pronouns: (X/Y/Z)



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

Pronouns: (X/Y/Z)

**UTHealth Houston** | McGovern Medical School

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*

## McWilliams School of Biomedical Informatics

### Signature template (UTHealth email logo + school name)

Name

Title

Pronouns: (X/Y/Z)



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

Pronouns: (X/Y/Z)

**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

Pronouns: (X/Y/Z)



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

Pronouns: (X/Y/Z)

**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

### Signature template (UTHealth email logo + school name)

Name

Title

Pronouns: (X/Y/Z)



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

Pronouns: (X/Y/Z)

**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

### Signature template (UTHealth email logo + school name)

Name

Title

Pronouns: (X/Y/Z)



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

Pronouns: (X/Y/Z)

**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

Pronouns: (X/Y/Z)



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

Pronouns: (X/Y/Z)

**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

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

[www.uth.edu](http://www.uth.edu) (or department/school website) *optional*