**UTHealth Houston General**

**Signature template (UTHealth Houston 50th Anniversary email logo)**

Name  
Title  
Pronouns: (X/Y/Z)

![UTHealth Houston 50 Years Logo]

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 (UTHealth Houston email logo)**

Name  
Title  
Pronouns: (X/Y/Z)

![UTHealth Houston Logo]

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 Logo]

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)

#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

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

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Graduate School of Biomedical Sciences

Signature template (UTHealth + MDACC dual email logo)

Name
Title
Pronouns: (X/Y/Z)

The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences

Signature template (type only + school name)

Name
Title
Pronouns: (X/Y/Z)

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School of Biomedical Informatics

Signature template (UTHealth email logo + school name)

Name
Title
Pronouns: (X/Y/Z)

#UTHealth Houston
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

Signature template (type only + school name)

Name
Title
Pronouns: (X/Y/Z)

UTHealth Houston | 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

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School of Dentistry

Signature template (UTHealth email logo + 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

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)

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

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

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School of Public Health

Signature template (UTHealth email logo + 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

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 (or department/school website) optional