



Partnership Form

Date Submitted: _____

Office Name: _____

Department: _____

Building: _____ Room #: _____

Green Office Leader Name (Primary Contact): _____

Email Address: _____ Phone #: _____

* We learned about the CSUB Green Office Program from _____
(office name, online, other)

We, the members of this office, are applying for Green Office certification and confirm that to the best of our knowledge, this office has successfully completed all applicable steps for the GO Certification from the CSUB Office of the President.

As members of this office, we commit to take the individual actions on this checklist in order to reduce our office's energy use and University greenhouse gas emissions. The individuals listed below represent a majority of our office's full and part time staff, faculty members, and students with office space.

of participating staff: _____ # of total staff: _____

Signature of Office Manager /Program Director _____

Signature of your GO leader: _____

Names of Participating Office Staff: (If applicable.)

1	5	9
2	6	10
3	7	11
4	8	12

* If need more room, please email us the continued list of your participating office staff, with attached partnership form.