

# Document Review Sheet

## Document Information

Project: _____	Product Release: _____
Document Title: _____	Document #: _____
Document Version: _____	Document Date: ____/____/____
Date Document Distributed for Review: ____/____/____	Must Be Reviewed By: ____/____/____
Meeting Review Date (if applicable): ____/____/____	

## Author Information

Name	Organization and/or Contact Information

## Reviewer Information

Name	Organization	Post Review Disposition*				Concurrence (Initial & Date)
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	

**Legend:**      \* Specify the post-review dispensation for each Reviewer  
1    Approved  
2    Approved, comments optional  
3    Approved, comments required  
4    Not approved, subsequent review required

## PR/CR/Bug Addressed by Document

PR/CR#	Title	Description

## Document Comments

Comments	Submitted by	Optional/ Required	
		Opt	Req
		Opt	Req