



DEPARTMENT MAILING FORM

Please type in the information and bundle signed form with your mail.

TYPE OF MAIL	NUMBER OF PIECES	TYPE OF MAIL	NUMBER OF PIECES
First Class		USPS Priority	
Media Mail		Foreign (Air Mail)	
Library Mail			

NOTICE: The following mail types must be presented in person at the Student Center Post Office in order to process your receipt.

TYPE OF MAIL	NUMBER OF PIECES	TYPE OF MAIL	NUMBER OF PIECES
Certified Mail		Delivery Confirmation	
Registered Mail		USPS Express	
Insured Mail			

Full Department Name: _____

Workday Worktag: _____ Mail Code: _____

Requested by: _____ Phone: _____

Signature

Date

FORMS COMPLETED INCORRECTLY MAY CAUSE YOUR MAIL TO BE RETURNED.

FOR OFFICE USE ONLY

Date Received _____ Total Pieces: _____ Charge: _____