

Date Submitted \_\_\_\_\_

Account Title \_\_\_\_\_

AIS Acct.#       +

Budget Purpose Dept. Act. 1 Dept. Act. 2 Object

FY

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Request for a New Mail Stop**

Office Title \_\_\_\_\_

Location \_\_\_\_\_

Effective Date \_\_\_\_\_

A detailed memorandum must be attached to this form. The memorandum will include the department name, delivery address, effective date and signature of the department head. A mail code will be assigned as soon as all of the necessary information is obtained and approved.

**Change an Existing Mail Stop**

Mail Code \_\_\_\_\_ Effective Date \_\_\_\_\_

**Name Change**

Current Department Name \_\_\_\_\_

New Department Name \_\_\_\_\_

**Delivery**

Current Delivery Location \_\_\_\_\_

New Delivery Location \_\_\_\_\_

Justification for this change must be accompanied by the signature of the department head.

**Bulletin Distribution** **\*\*A sample copy must be attached to this form.\*\***

<All distributions are restricted to University Business>

Date to be processed \_\_\_\_\_

Number of copies per stop: \_\_\_\_\_ **or**

Deliver bulletin to:  Faculty  
 Faculty & Staff

**Request to Process Mail without A Return Address**

**\*\*A sample copy must be attached to this form.\*\***

Date to be mailed \_\_\_\_\_

Number of pieces \_\_\_\_\_

**Guidelines**

1. All mailings are restricted to University Business
2. Addresses must include department *and* mailcode
3. Mailing must be arranged in numerical order by mailcode.
4. Multiple pieces destined for the same mailcode must be collated and rubberbanded.

***Failure to follow these guidelines will result in a delay in processing your mailing.***

Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Campus Mail Approval \_\_\_\_\_

Date Request Completed \_\_\_\_\_