



Mailing Services Request Form

GUIDELINE: ALL MAILINGS 200 and more require approval from the Office of College Relations. Samples of mailing must be attached or form will be returned.

Work to: Office Services, Ext. 414

Date/Time _____ Name of Mailing _____

Requestor _____ Phone# _____

Delivery date request _____ Account# to be charged _____
*(**must** indicate account number - or job will not be processed)*

JOB SPECIFICATIONS

Envelopes Supplied YES NO

Post Card Mailing YES NO

Is Office Services copying the contents of your mailing? YES NO

If you are supplying the contents, how many pages are included per envelope? _____

Did you send your mailing list via email? YES NO

How many addresses are you mailing to? _____

Are you supplying the envelopes? YES NO

Mail one per household? YES NO

Special Instructions _____

OFFICE SERVICES USE ONLY

First Class? _____

Presort? _____

TOTAL POSTAGE COST

AUTHORIZATIONS

Requesting Department Signature _____ Date _____

Office of College Relations Signature _____ Date _____

OFFICE SERVICES USE ONLY

Date Completed _____ QC Initials _____