



University Mail Services

New Mail Stop Code Request Form

Requesting Department:

Date:

Requestor's Name:

Phone:

Billing Account:

Authorized Signature:

Please select your type of request

Request for New Mail Stop Code

Department/Division

Room Number

Building

Change or Delete an Existing Mail Stop Code

Name Change

Delivery Change

Current Mail Stop Code

Current Delivery Location

Current Department Name

New Delivery Location

New Department Name

Delete Current Mail Stop Code

Department/Division

Mail Stop Code to be Deleted

Explanation for new request, change or deletion:

Department Approval:

Date:

Mail Services Supervisor:

Date:

Assoc. Dir. Logistics:

Date: