

UNIVERSITY MAIL SERVICES

Campus Address Information Form

Let Mail Services know where to send your mail!

Print a copy of this form, then fill in the sections that apply to you, and forward it (via campus mail) to **Mail Services CPO# 1100**. If you have any questions, please call us at 251-6566.

Required fields are in shaded blocks

Name	Employee Status (choose one) <input type="checkbox"/> Full-time, permanent staff member <input type="checkbox"/> Temporary staff member <input type="checkbox"/> Permanent faculty member <input type="checkbox"/> Temporary faculty member <input type="checkbox"/> Agent for campus organization <input type="checkbox"/> Other _____
E-Mail Address	
Phone	
Today's Date:	

My NEW CAMPUS ADDRESS is:

Is this a change of address? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete OLD ADDRESS section below</i>		Effective date of new address
Dept	Building	Room #
Organization <i>e.g.: Financial Affairs</i>		CPO # <i>Leave CPO blank if unknown</i>

My OLD CAMPUS ADDRESS is:

Dept	Building	Room #
Organization <i>e.g.: Financial Affairs</i>		CPO # <i>Leave CPO blank if unknown</i>

Comments and/or Special Requests