MAIL AUTHORIZATION FORM

Todays Date: ________________

Department: ____________________________________________

FOAP to charge for Mailing: __________________________________

Department Contact: ______________________________________

Department Phone: _________________________________________

Mail Type:

____ 1st Class    _____ Non-Profit Standard/Bulk    ______ Regular Standard/Bulk

Address List received from:

____ Banner     ______ Millennium (Alumni or Dev.)    ______ Department

NCOA:

_______________________ Date of last NCOA (National Change of Address) database check.

_______________________ Last date address list was used with Ancillary Endorsement
(Address Service Requested or Return Service Requested)

This form must be submitted with: 50 or more letter sized envelopes, 10 or more flat sized envelopes, any standard (bulk) mailing. Thank you