



Bulk Mail Authorization Form

This form must be submitted with any of the following:

- 200 or more letter sized (dimensions) envelopes.
- 10 or more flat sized (8.5"x11") envelopes.
- Any standard bulk mailing.

Dept. Name: _____

Date: _____

Department Contact: _____

Dept. Phone: _____

Provide Cost Center & Driver worktag (Designation, Gift, or Grant). If there is no driver, provide Cost Center, Fund & Program worktags.

Cost Center: _____ Driver: _____ Fund: _____ Program: _____

Mail Type _____ 1st Class _____ Non-Profit Standard / Bulk _____ Regular Standard / Bulk

Address List Received From _____ Banner _____ Millennium _____ Department
(Alumni or Development)

National Change of Address (NCOA)

_____ Date of last NCOA database check

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