

# STUDENT BOXES MAIL REQUEST

Date: \_\_\_/\_\_\_/\_\_\_

FOAPAL ACCOUNT (Required)	
FUND #	___ ___ ___ ___ ___ (5 DIGITS)
ORGN #	___ ___ ___ ___ (4 DIGITS)
ACCOUNT #	<u>7</u> <u>1</u> <u>0</u> <u>3</u> (4 DIGITS)
PROGRAM #	___ ___ (2 DIGITS)

Department/Organization \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Distribution Date: \_\_\_/\_\_\_/\_\_\_

Index # (if available)	___ ___ ___ ___ ___ (4/5 DIGITS)
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Number of Pieces: \_\_\_\_\_ labeled \_\_\_\_\_ unlabeled

Please check **TYPE** of mailing:

- |                                       |                                         |                                    |
|---------------------------------------|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> FRESHMAN     | <input type="checkbox"/> Arts & Science | <input type="checkbox"/> Afr-Am    |
| <input type="checkbox"/> SOPHOMORE    | <input type="checkbox"/> Conservatory   | <input type="checkbox"/> As-Am     |
| <input type="checkbox"/> JUNIOR       | <input type="checkbox"/> DD             | <input type="checkbox"/> Latinos   |
| <input type="checkbox"/> SENIOR       | <input type="checkbox"/> Women          | <input type="checkbox"/> Certified |
| <input type="checkbox"/> ALL STUDENTS | <input type="checkbox"/> Other _____    |                                    |