

Campus Mail Distribution INFORMATION FORM

Date Filled Out: _____ Title of Mailing: _____

Account Number: _____

Daily Mail Account (Pink Tags): _____

Department & Address: _____

Mail Code: _____

Contact for Mailing: _____

Phone: _____ E-Mail: _____ Fax: _____

Date to be Mailed: _____

Department Approval Signature: _____

Comments/Special Instructions

Method(s) of Mailing(s):

- 1st Class
- Campus Mail
- Int'l Airmail
- Registered/Insured \$ _____
- Certified Mail
- Library Mail
- Media Mail
- Return Receipt
- Other _____



**facilities &
SERVICES**

University of Illinois
Campus Mail Distribution
1611 South Oak Street
Phone: (217) 265-6863
Fax: (217) 244-3460

Campus Mail Distribution Job Number: