

Dickinson MAILING REQUEST FORM

External Customer

Department _____ Account Number _____ - _____ - _____

Requested by (name) _____ Telephone Number _____

Date Work Submitted _____ Date Work Needed _____

(ASAP unacceptable)

TYPE OF MAILING Please check one:

- Postcard
 Folded Self-Mailer (mail panel)
 Poster
 Other _____
 A-2 (reply size)
 A-7 (invite size)
 #10 (letter size)
 6X9
 9x12
 10x13

TYPE OF POSTAGE Please check one:

- 1st Class Stamp
 1st Class Indicia (520+ pieces / 1-3 days)
 Standard Indicia (220+ pieces / 7-10 days)
 Non-Profit Indicia (220+ pieces / 7-14 days)

On Campus:

- Student Mailing
 FAS Mailing

FINISHING Check all that apply:

- Address
 Seal
 Tab
 Insert (List Inserts Below)

Job Name _____

Address Filename _____
 (e-mail address file to bulkmail@dickinson.edu)

Check one:

	Provided	Prepared by Print Center
List Printed Materials 1 _____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>

Total in Mailing _____ Postage # for FAS _____

Special Instructions _____

Questions? Contact the Print Center at 245-1306 or bulkmail@dickinson.edu.

PRINT CENTER USE ONLY

3/16

Label Sheets _____ Stamps _____ Tabs _____
 Address Imprinting _____ Data File Correction _____ CASS/NCOA _____
 Collate _____ Insert _____ Envelopes _____
 Seal _____ Strapping _____ **Postage** _____
 Mail Date _____ **Total** _____