

Dickinson MAILING REQUEST FORM

External Customer

Department _____ Account Number _____ - _____ - _____ Activity Code _____
(if applicable)

Requested by (name) _____ Phone Number _____ Email _____

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

10/17

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