

Post Office

MAILBOX ASSIGNMENT

Name _____ T# _____

Home Address _____

City _____ State _____ Zip _____

Assigned Box No. _____ Combination No. _____ Date _____

Reassigned Box No. _____ Date _____

Semester Enrolled ☐ Fall ☐ Spring ☐ Summer

Student ☐ New ☐ Returning ☐ Transfer

Off Campus ☐ Yes ☐ No

Residence Hall _____

E-Mail _____

Print Name _____

Signature _____ Date _____

