

# Post Office MAILBOX ASSIGNMENT

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

T# \_\_\_\_\_ 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 \_\_\_\_\_

