DEPARTMENT NAME: ________________________________

BUILDING NAME: __________________________________

INDIVIDUAL RESPONSIBLE FOR RECEIVING MAIL: ________________________________

DEPARTMENT CONTACT: _____________________________

PHONE NUMBER: __________________________________

DATES REQUESTED: 12/24 12/28 12/29 12/30 12/31

PLEASE CHECK ONE OF THE FOLLOWING:

________ PICK UP AT POST OFFICE

________ DELIVER TO BUILDING

________ TIME

SIGNATURE OF DEPT. CONTACT: ____________________________________________

TITLE: ________________________________________________________________

Please fill in the appropriate information, circle what dates you want mail, check if you want delivery or check if you intend on going to the post office and what time you would like delivery or pick up. You can e-mail, fax, or send hard copy to Michelle Mindziak, mlm43@psu.edu, fax 3-4914, 108H Hostetter Bldg.