

WILLIAM & MARY
College Postal Services
Mail Authorization Form

Form Date: _____ Worktag/Designated Driver: _____

Department Name: _____

Requester Phone Number: _____

Requester Name (Please Print): _____

Signature: _____

Mailing Class	Number of Pieces	Counts Must Match

Provide tracked shipping*

*Includes an additional fee for letters and flats.

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