Complete this form and return to the Mail Center two weeks in advance of the mail date to allow for staff scheduling.

Name of Mailing: ________________________________________________ Approx. Quantity: ___________________

Department: ________________________________________________ Contact Person & Phone: ________________________ Today’s Date: _____________

Materials will be inserted from top to bottom in this order:

**ENVELOPE INSERTION**

Fill in the name or description of insert

<table>
<thead>
<tr>
<th>Insert</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Commets: ____________________________________________________

(booklets will always be inserted on the bottom)

**DIRECT IMPRESSION ADDRESSING**

Addressing Process: Direct Impression ____________ Personalized letter ____________

Mail Piece Size: Letter _____ PostCard _____ Flat _____ Class Mail: 1st _____ 3rd _____ Campus Mail ______

Check mailing list for duplicates _____ Yes_____ No_____

Choose the correct TITLING for your list: Full Name _____ Mr and Mrs Full Name______ To the parents of:____

Full Name 1 and 2 ________ Other:

NCOA National Change of Address

Check the criteria to be used to match names and addresses:

______ Business, individual (first and last name) and family name (last name only)

______ Business and individual (first and last name)

______ Individual (first and last name) and family name (last name only)

______ Business only

______ Individual only

The Mail Center will send a report to you with the address changes found by NCOA.

Who should receive this file? (name and department) ________________________________

In which format? Excel ______________ CSV ______________ Hardcopy ______________

What should we do with your left over mailing materials?

**MAIL CENTER USE ONLY**

Printed Materials Delivered: ____________ Work Request Recvd: ____________ Address File Recvd: ____________

Insert Materials: ____________ Addressed: ____________

Quantity: ____________ Postage Expense: __________________

Completion Time: Direct imprssion: ____________ Machine Insert ____________ Hand Insert ____________

Fold: ____________ Meter: ____________ Stamp: ____________ Total Hours: __________________

Completed Date: ____________ Signature: __________________

Revised form: March 2011