UAF Department Request for Postage

Date: ____________________  Phone: ____________________
________________________  ____________________
Signature  Print Name

*Mail received by 2pm is guaranteed same-day processing*

**SERVICES REQUESTED**

**DOMESTIC MAIL**

- **____ 1ST Class/ Priority**  ____ Media Rate
  (approx. 2-5 days)  (approx. 2-4 wks)
- **____ Postcard Rate**  ____ Standard Post
  (approx. 2-5 days)  (approx. 2-4 wks)

**COMPLETED** forms must be attached for all of the following:
- ____ Express (2-day)
- ____ Certified/ Return Receipt
- ____ Insured: Value $_________ (Max $5,000 per piece)
- ____ Registered: Value $_________
  (Special preparations required, call x5260 for details)

**INTERNATIONAL MAIL**

- **____ 1ST Class**  ____ Priority  ____ Express

**CUSTOMS** forms **ARE REQUIRED** for all international mail 13oz or more. (Small Green Form: up to 4lbs, Large White Form: over 4lbs)
Questions: Call x5260.

PLEASE CHECK ALL THAT APPLY - ____ Fragile  ____ Perishable  ____ Liquid
____ Perfume  ____ Lithium Batteries  ____ Hazardous

**CAMPUS MAIL CENTER USE ONLY**

Date: _________  Meter: ______________
Amount: ______________