



UNIVERSITY
of ST. THOMAS
MINNESOTA

Faculty/Staff Distribution Request Campus Mail Services

Date _____

Requested by (Name)	
Department	
Mail #	Phone #
QUANTITY to be Distributed	

<p>Please Check (✓)</p> <p><input type="checkbox"/> Administration</p> <p><input type="checkbox"/> Faculty</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Minneapolis</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Per Labels</p>	<p>STUDENTS</p> <p><input type="checkbox"/> Freshmen</p> <p><input type="checkbox"/> Sophomores</p> <p><input type="checkbox"/> Juniors</p> <p><input type="checkbox"/> Seniors</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Per Labels</p>
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Balance of copies to: Department Recycle

Special Instructions:

FOR CAMPUS MAIL SERVICES USE ONLY

Date Received by PO	Date Completed	Time Completed	Initials
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