



The University of Alabama in Huntsville Mail Relocation Request Form

Date of Request: _____

Name of Requestor (Please Print): _____

Phone: _____ Email: _____

Department/ Building: _____

Old Office Department: _____ Room: _____ Building: _____

New Office Department: _____ Room: _____ Building: _____

Mail Relocation START Date: _____

Signature: _____ Date: _____

Send completed form to Mail Services Central Receiving Building Room 104