

REQUEST FOR LABELS AND/OR REPORTS

Department Name _____ P.O. Box _____ Date _____

Telephone Number _____ Date Required _____

Email Address _____ @radford.edu

Please Provide: Labels Report Labels and Report

Address Desired: Campus P.O. Box Home Address

Sort Desired: Alphabetical P.O. Box Order Zip Code Order

Delivery Method: Phone Department to Pick-Up Labels Mail Labels
 Electronic file to Postal Services (Labels Only) Electronic file to Dept
(On Campus Address Labels Only)

Layout: Combined Label Set Individual Label Sets

Type of Labels and/or Report Needed: (check all that apply)

- Deans/Directors & Dept. Heads* Part-Time Admin/Professional Faculty
- Full-Time Classified Employees Part-Time Teaching Faculty
- Full-Time Admin/Professional Faculty 1500 Hour Wage Employees
- Full-Time Teaching Faculty

Indicate specific department(s) needed: _____

Other (Please specify): _____

Number of label sets or reports required: _____

Purpose/Intended Use (May include a sample of mailing): _____

I certify that these labels/reports are for University business only:

Requestor Name (Print)

Requestor Signature

Department Head (Print)

Department Head Signature

*Duplicates will occur if Deans/Directors & Dept Heads are selected as an individual label set in conjunction with full-time labels.