## WILLIAM & MARY **College Postal Services Mail Authorization Form** Index Number: Form Date:\_\_\_\_\_ Department Name:\_\_\_\_\_ Requester Phone Number: Requester Name (Please Print): Requester Signature:\_\_\_\_\_ Number of **Counts Must Mailing Class** Pieces Match ------CUT HERE------WILLIAM & MARY **College Postal Services Mail Authorization Form** Form Date:\_\_\_\_\_ Index Number:\_\_\_\_\_ Department Name:\_\_\_\_\_ Requester Phone Number:\_\_\_\_\_\_ Requester Name (Please Print): Requester Signature: Number of **Counts Must Mailing Class Pieces** Match