



WESTERN MICHIGAN UNIVERSITY

Campus Mailing Distribution Approval Form

Intra-campus mail is mail sorted by count to departments that do not require an address, fold or postage. This form is to be submitted to the WMU Postal Supervisor with sample copy, prior to delivery.

Sponsoring Department or Organization: _____

Sponsors Authorized Signature: _____

Distribution Name: _____

Suggested Distribution:

- | | | | |
|--------------------------|----|--|------|
| <input type="checkbox"/> | 1. | Regular Faculty | 873 |
| <input type="checkbox"/> | 2. | Regular Staff | 1950 |
| <input type="checkbox"/> | 3. | Temporary Faculty | 471 |
| <input type="checkbox"/> | 4. | Temporary Staff | 428 |
| <input type="checkbox"/> | 5. | Deans, Directors, Dept. Heads (1 copy per dept.) | 200 |
| <input type="checkbox"/> | 6. | Specify | |

Date to be distributed: _____

WMU Mail Services Authorized Signature to Process:

Route #1: _____

Routh #2: _____

Route #3: _____