

**Information Technology Services
Campus Mailing Request Form**

Name: _____ Phone _____ Email _____

Date _____ Department _____

Reason for Request _____

By providing your signature below, you are formally acknowledging that the data to be received will not be used for any other purposes besides the one stated in this request.

Electronic files (.csv) should not be stored for reuse as the data frequently changes.

Signature _____

Select category (Check all that apply)

- Rank Only (Professors/Instructors)
- Administrative Title Only (Professional Staff)
- Rank and Administrative Title (Staff with both titles)
- Graduate Assistants
- Civil Service Exempt
- Civil Service Non-Exempt
- Civil Service Extra Help

Part-time or Full-time employees

- All
- Full-time
- Part-time

Output

- Labels (Avery label formatted pdf file)
- Csv File (comma separated file - opens in excel 2003 & above - for mail merge)
- Both

Output Sequence

- Campus box
- Zip Code
- Name
- Department

Please return to: ITS Production Control
Rendleman Hall, Room 0239, ext. 2950

<http://www.siu.edu/informationtechnology/policies>