

**SPECIAL MAILING FORM**  
**(Mail to be Metered)**

From: (Sender's Name)		
(Department)	TAMU Student Health Services -	
Billing Account Number:		
Billing Account Name:	Student Health Services	
Dept. Phone Number:		
Return Form to: (Name)		
(Department)		
(Mail Stop)	1264 TAMU	
Project Account Number:		
Please Send Attached mailing: <input type="checkbox"/> 1st Class <input type="checkbox"/> 3rd Class <input type="checkbox"/> Printed Matter <input type="checkbox"/> Book Rate <input type="checkbox"/> Air Mail <input type="checkbox"/> Air Mail Printed Matter <input type="checkbox"/> Air Mail Parcel Post <input type="checkbox"/> Parcel Post <input type="checkbox"/> Library Rate <input type="checkbox"/> Non Profit (Bulk Rate) <input type="checkbox"/> Insured (\$5000 Maximum - Domestic Mail Only) <input type="checkbox"/> Registered Mail (Dollar Vallue) <input type="checkbox"/> Certified		
Description of Mailing: (Brochures, applications, bills, letters, flyers, etc.)		
Number of Items Mailed:	Date Submitted for Mailing:	Charge For Mailing: (For Mail Service Use Only)
Signature of Primary Account Representative:		
Signature of Secondary Account Representative:		