

LMU DISTRIBUTION CENTER FORWARDING REQUEST

Provide us with ALL of the following information: *Please print legibly using ink!*

Today's Date: _____/_____/_____

MS B-#:

Last Name: _____

First & Middle Name: _____

U.S. Forwarding Address:

Street: _____

City, State, Zip: _____

Student ID#: _____

Place a check mark next to ALL of the semesters and reasons you request:

- Summer: Study Abroad Leave of Absence Summer Break
- Fall: Study Abroad Leave of Absence
- Spring: Study Abroad Leave of Absence
- Leaving the University (*Graduating or Withdrawal*)

Forwarding Authorization: *Please read before signing!*

I authorize the LMU Distribution Center to forward all mail addressed to my campus box to the above address. I verify that all of the information provided above is accurate. I understand that the LMU Distribution Center forwards mail daily, Monday through Friday. I understand that the LMU Distribution Center will only attempt to forward all mail and parcels through the original courier from which the item was shipped. I understand that the LMU Distribution Center does not guarantee that all items will be forwarded, and is not responsible for the length of time it takes to forward an item, nor any charges accrued during forwarding, nor any delays in delivery. I understand that some items may not be forwarded due to restrictions determined by its courier. I understand that all forward requests expire approximately 90 days after the date the forward request is submitted for students who are not returning, or on the last day of the semester for returning students. I understand that any mail and/or parcels received by the LMU Distribution Center that does not follow the proceeding conditions or that is received after the forward request expires will be attempted to be returned to sender by the LMU Distribution Center.

Signature: _____

Home Phone #: (_____) _____-