

MAIL PICK-UP AUTHORIZATION

I, _____, authorize the Trinidad State Junior College mail room personnel to disburse mail addressed to me or my department to the following individual(s):

1) NAME: _____

DEPARTMENT: _____

2) NAME: _____

DEPARTMENT: _____

3) NAME: _____

DEPARTMENT: _____

4) NAME: _____

DEPARTMENT: _____

I understand that the mailroom will not disburse mail to anyone that is not listed herewith.

COMMENTS: _____

SIGNATURE

DEPARTMENT

DATE

Received by: _____ Date: _____