

Box # _____

STUDENT MAILBOX APPLICATION

DATE OF APPLICATION: _____

STUDENT NAME: _____
Last Name First Name Middle Name

STREET ADDRESS: _____
P.O. Box or Street Number and Name

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NO: _____ STUDENT ID NO: _____

TELEPHONE NO: _____ ROOM NUMBER: _____

PLEASE NOTE: All student mail received without a box number will be returned to sender.

WARNING: THE STUDENT RESPONSIBLE FOR THEIR KEY WILL BE CHARGED A \$10.00 FEE TO REPLACE EACH LOST KEY. TRANSCRIPTS WILL BE HELD AT THE END OF EACH SEMESTER IF THE KEY IS NOT RETURNED TO THE BOOKSTORE MAIL CENTER.

YOUR CAMPUS ADDRESS WILL BE:

STUDENT'S NAME

P.O. BOX XXXX (with the 'XXXX' the same as the box number on your campus post office box)

SUMMIT, MS 39666

I have read and understand all of the above and agree to these policies.

Student's Signature

Date Signed

FOR BUSINESS OFFICE USE:

Date Rental Fee of \$15.00 Paid: _____ Receipt No: _____

SIGNATURE OF BUSINESS OFFICE PERSONNEL _____