

**Shipping Form**

 **Delivery Information**

|  |
| --- |
| FROM SENDER: One University Pl, Shreveport, LA 71115 |
| Name:  |  | Date:  |  |
| Phone Number: |  | Department:  |  |
| Email Address:  |  | **PG Number:**  |  |

|  |
| --- |
| TO RECIPIENT  |
| Name:  |  | Phone Number:  |  |
| Email Address: |  |
| Address:  |  | City:  |  |
| State: |  | ZIP code:  |  |

 **International Delivery Information**

|  |
| --- |
| RECEPIENT INFORMATION  |
| Full Legal Name: |  |
| Phone Number: |  |
| Email Address: |  |
| Street Address or Post Office Box Number: |  |
| City or Town Name: |  |
| Principal Division (I.e., Province, State, County, Etc.): |  |
| Postal Code (If applicable): |  |
| Country Name (UPPERCASE LETTERS IN ENGLISH):  |  |

**Shipping Method**

|  |  |  |
| --- | --- | --- |
| United States Postal Service | UPS | FedEx |
|  | USPS Express Mail (Only Option for PO Boxes)  |  | Ground  |  | Ground |
|  | Express |  | Express |
|  | Certified Mail/ Delivery Receipt  |  | 2 Day Air  |  | Priority Overnight |

**For Mailroom Use Only**

Shipping Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_