

## PERSONNEL SYSTEM MAILING LABEL/LIST/FILE REQUEST FORM

Send completed form to your Campus Authorizing Office (see JP LABEL User Instructions for a list of offices).

For UW-Madison, send completed form to Office of Budget, Planning & Analysis, Room 175 Bascom Hall, Phone: 263-4570, FAX: 262-5238.

Requested By	Telephone	Date Needed
Department/Organization		DoIT needs a minimum of 48 hrs. after receiving
NOTE: DoIT will normally check the labels to see that the right number of labels were printed, and that the job was run the way you coded the request. However, if you make a mistake coding the request and do not examine the labels, you will be responsible for mislabeled mail. Please check the appropriate box to indicate the output desired.		Project No. or DoIT Req. No.
		If 8 digit DoIT Project No. or 7 digit Req. No. is not supplied, the time to process your request will increase.

**Select Type of Output** Estimate number of people expected: \_\_\_\_\_

- LIST - Number of copies \_\_\_\_\_
- LABELS - Number of copies \_\_\_\_\_ (Pressure Sensitive)
- FILE
  - Mailing Address File     Diskette
  - FTP (supply your DoIT signon \_\_\_\_\_) - - CAMPUS USE ONLY
  - Email Address & Name File
    - Mass Email
    - Diskette
    - FTP (supply your DoIT signon \_\_\_\_\_) - - CAMPUS USE ONLY

For all types of output listed above:

- Campus Office Address
- Campus Office Address in U.S. Mail format
- Home Address

Group Requested: (Define - Be Explicit)

Explain Usage:

Is this mailing going to be used for fund raising, subscription, or paid membership solicitation purposes?     YES     NO

Bill To: \_\_\_\_\_ Deliver To: (If Different Than Bill To) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DoIT reserves the right to require payment when lists or diskettes are picked up. You will be notified in advance if these are the payment terms.

I certify the labels/list/file request will be used in accordance with the University policy as stated on the reverse side of this form.	
Signature: _____	Date: _____
DoIT USE ONLY	AUTHORIZATION OFFICE USE
Date Received: _____    Memo #: _____	<input type="checkbox"/> Approved _____
Job Name: _____    HASP #: _____	<input type="checkbox"/> Not Approved _____
Date Run: _____    Processed BY: _____	Date: _____
Actual Label/List/File Count: _____	

## **USE OF UNIVERSITY MAILING FACILITIES**

University of Wisconsin-Madison mailing lists/labels/files containing the names and addresses of faculty and staff may be made available under the following conditions:

1. Administrative costs involved in supplying lists in the form desired (labels, files etc.) will be assumed by the requesting entity.
2. Mailing lists are to be used only by the individual user and for the purpose specified on the Mailing Label/List Request Form and are not to be transferred.
3. Mailings distributed through the campus mail service must be related to the official University mission and must carry the identity of the University unit, department, organization, or individual responsible for its distribution. The specific content of the mailing must be in conformity with University and State regulations governing the use of University facilities.

Any violation of the above conditions may result, upon administrative investigation, in revocation of the right to use University mailing facilities or in disciplinary action, as appropriate. Questions about the content or appropriateness of specific mailings should be directed to the Office of Budget, Planning and Analysis, 263-4570.