PERMIT HOLDER: *Allegheny College*

DEPARTMENT NAME: ___________________________

ACCOUNT NUMBER: ___________________________

PERMIT IMPRINT NUMBER   191 _____ OR 7 _____

TOTAL PIECES: (domestic) _________________
   (international) _________ (does not qualify for bulk rate)

DUE TAKEN TO THE ALLEGHENY POST OFFICE: _________________

OPTION USED TO COMPLY: (please check one)
   Mail first class __________
   “Current resident”__________
   Ancillary Service Endorsement -
      Address Service Requested ______
      Return Service Requested ______
      Change Service Requested ______
   National Change of address (NCOA) ______
   Working with an outside vendor -
      purchasing a list ______

Your signature certifies that this mailing complies with the “Move Update” standards.

   Signature ___________________________
   Date _________________________