ORIGIN OF ADDRESSES
NON-PROFIT or FIRST-CLASS PRESORTED MAILING

THIS FORM MUST ACCOMPANY THE APPROPRIATE USPS FORM FOR THE MAIL ROOM AT THE TIME OF THE PICKUP – NO EXCEPTIONS.

DATE ___________________________

DEPARTMENT ___________________________________________________________________

MAILING DESCRIPTION __________________________________________________________
________________________________________________________________________
________________________________________________________________________

ORIGIN OF ADDRESSES

YOUR MAILING MUST BE NCOA COMPLIANT IF YOU WISH TO USE ONU’S PERMIT NUMBER - PLEASE CONTACT PRINTING SERVICES OR THE MAIL ROOM IF THE LIST IS NOT COMPLIANT.

Each mailing must have this filled out - ONE BOX OR THE OTHER - NOT BOTH

☐ Data file pulled from Banner -
specify origin _____________________

__________________________________
__________________________________
__________________________________

Date file pulled _________________

OR

☐ Data file from other source - specify

__________________________________
__________________________________
__________________________________

The source must be NCOA Compliant.

☐ VERIFICATION / CERTIFICATION IS ATTACHED

DEPARTMENT
SIGN-OFF ________________________________________________________________

Print your name -
REQUIRED ________________________________________________________________

See Samples that follow to help you in filling out this form.
NO MAILING CAN BE PROCESSED WITHOUT THIS FORM.
ORIGIN OF ADDRESSES

NON-PROFIT or FIRST-CLASS PRESORTED MAILING

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DATE  ___________________________

DEPARTMENT  ___________________________

MAILING DESCRIPTION ___________________________

________________________________________________________________________

________________________________________________________________________

ORIGIN OF ADDRESSES

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Each mailing must have this filled out - ONE BOX OR THE OTHER - NOT BOTH

Data file pulled from Banner -

specify origin ___________________________

ONU Development Office

_____________________________________

_____________________________________

Date file pulled  Jan. 5, 2010

OR

Data file from other source - specify

_____________________________________

_____________________________________

_____________________________________

The source must be NCOA Compliant.

□ VERIFICATION / CERTIFICATION IS ATTACHED

DEPARTMENT SIGN-OFF ___________________________

Anita Stanley (signature)

Print your name - REQUIRED ___________________________

Anita Stanley

ONU MAIL ROOM TO FILL IN FINAL QUANTITY:
ORIGIN OF ADDRESSES

NON-PROFIT or FIRST-CLASS PRESORTED MAILING

THIS FORM MUST ACCOMPANY THE APPROPRIATE USPS FORM FOR THE MAIL ROOM AT THE TIME OF THE PICKUP – NO EXCEPTIONS.

DATE  ___________________________

DEPARTMENT  ___________________________________________________________________

MAILING DESCRIPTION ___________________________________________________________

________________________________________________________________________

________________________________________________________________________

ORIGIN OF ADDRESSES

YOUR MAILING MUST BE NCOA COMPLIANT IF YOU WISH TO USE ONU’S PERMIT NUMBER - PLEASE CONTACT PRINTING SERVICES OR THE MAIL ROOM IF THE LIST IS NOT COMPLIANT.

Each mailing must have this filled out - ONE BOX OR THE OTHER - NOT BOTH

Data file pulled from Banner -

specify origin ______________________

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Date file pulled __________________

OR

Data file from other source - specify

ABCDE List Company

________________________________

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The source must be NCOA Compliant.

VERIFICATION / CERTIFICATION IS ATTACHED

DEPARTMENT  ___________________________________________________________________

SIGN-OFF  ___________________________________________________________________

Print your name - REQUIRED ___________________________________________________

Anita Stanley (signature)

Anita Stanley