

UPS Campus Ship Authorization

Please complete this form, save & upload to DocuSign for Signatures, and list <u>CampusPostalServices@Kennesaw.edu</u> as the final recipient (cc-receives a copy only) If you have questions, please call 470-578-3194

| Date: | Department Name: |
|---|--|
| Insured Amount: | |
| _ | utomatically. If your package contains items valued for more nat the total insured value amount needs to be. |
| Do you require the recipient to sign | gn for the package? If so, there may be an additional |
| charge. Yes | No |
| Preferred UPS Shipping Service (| check transit times for the estimated business days in transit): |
| Ground | |
| Next Day Air (Morning) | |
| Next Day Air (End of day) | |
| 2 Day Air | |
| 3 Day Select | |
| UPS Freight <i>(please include p</i> | pallet approximate weight and dimensions in the box below) |
| UPS International - Desired arrival date | |
| | |
| Package to be delivered to (please include any Return Authorization # as needed): | |
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| | |
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| | |
| _ | |
| KSU Employee/Sender: | Authorized Signature: |
| Speed Chart #: | Sender's Email: |
| MD #: | Phone #: |
| | |
| Campus Postal Services Use O | NLY: |
| Package Dimensions:" x | " x" Weight: lbs. |