Logo

Description automatically generated

**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 | |
|  | USPS Express Mail (Only Option for PO Boxes) |  | Ground |
|  | Express |
|  | Certified Mail/ Delivery Receipt |  | 2 Day Air |

**For Mailroom Use Only**

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

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