



Alumni/ae Mailing Request Form

Organization Name:

Advisor's Name (please print)

Phone:

Email address:

Date:

HB address: (if any)

Please allow 5 business days for your request to be completed after approval. Both the request and content must be approved by the Alumni Advisor and the Office of Greek Life Director, before it is submitted by the Office of Greek Life to the Development Office.

I agree that the information supplied will be for one time use only for the purpose specified in this data request. The contents of Development's alumni database are the sole property of Dartmouth College and are confidential. I further agree that no part of address information supplied to my organization will be transferred or sold in any form to other individuals or organizations. Undergraduates are not permitted to request mailing information.

Please complete this section:

1. Type of mailing:	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Solicitation	<input type="checkbox"/> Other _____
2. Processed by:	<input type="checkbox"/> DPMS	<input type="checkbox"/> Group (self)	<input type="checkbox"/> Other _____
3. Sort by:	<input type="checkbox"/> Alpha	<input type="checkbox"/> Zip code	<input type="checkbox"/> D Class (es) _____
4. Output:	<input type="checkbox"/> Labels		
	<input type="checkbox"/> Data File:	<input type="checkbox"/> Excel	<input type="checkbox"/> PDF <input type="checkbox"/> Both
5. Mailing plans:	<input type="checkbox"/> First Class	<input type="checkbox"/> Third Class Bulk	<input type="checkbox"/> Email (must sort by zip)
6. Target date for mailing:			
7. Special Instructions (if any):			
8. Delivery:			
Labels:	<input type="checkbox"/> Pick up at 41 Centerra mailroom		
	<input type="checkbox"/> Send via Hinman mail to:		
	<input type="checkbox"/> Send to other address:		
Data File:	<input type="checkbox"/> Send to DPMS for printing		
	<input type="checkbox"/> Send to email address:		

Advisor's Name _____ Date _____

Advisor's Signature _____

Office of Greek Life Approval _____ Date _____

Please return to: greek.life@dartmouth.edu 603.646.2399

The Office of Greek Life | HB 6196 | Dartmouth College | Collis Center 303 | Hanover | NH | 03755