

Is this a new box? _____ or renewal box? _____

Where do you want your box? Eccles _____ Sharwan Smith Center _____

Date _____ Name _____

Phone Number _____ E-mail _____

School Assigned Banner or T # _____

Permanent Address _____

Cedar City Address _____

Prices: 3 semesters \$30.00 2 semesters \$25.00 1 semester \$18.00

How many semesters do you want this box?

Fall _____ Spring _____ Summer _____

I agree to return the key that has been issued to me when my box rental is terminated. If there are any damages to the box or if I misplace the key during my occupancy I will pay the fee required for repairs and replacements. I am aware that my failure to comply with these terms will result in my inability to access my grades and register for any new classes at SUU. No refunds. All sales are final.

Signature _____

Please complete form and return to: Mail Services and Post Office
351 W. University Blvd
Cedar City UT 84720-2470

		Office Use Only
Box _____	Price _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Validate</p>
Payment:		
Cash _____	Check _____	
Credit Card _____	Cashiers _____ (receipt number)	
Key Number _____		
Key Total _____		
Key Out (only one key per box) _____		
Employee _____		