

# Checking out of my Student Mailbox

Date  SID:

Last Name  **CURRENT C OF C COMPLX #**

First Name  Nickname

Initial

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## Contact Information:

Cell Phone #  Home Phone #

Campus e-mail \_\_\_\_\_ Alternative e-mail \_\_\_\_\_

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## Mail Forwarding :

**Mail will be forwarded to this address from May \_\_, 201\_\_ - August \_\_, 201\_\_.** Please provide an address where you will be able to access your mail.

**Don't forget to update your Student account and all of your other providers with your new address!**

Address

City  State  Zip Code

IS THIS YOUR PERMANENT ADDRESS?  Yes  No

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## Check all that apply:

I don't need my student mail box for next year because:

Moving off campus  Leaving C of C  Graduating  Never received mail

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I have returned my mailbox key for #

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Signature \_\_\_\_\_

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## For office use only:

Return Key  Lost Key  Stolen Key  Deleted from BANNER