Commuter Student Campus Mailbox Sign-Up

Name: _____ _____ _____ _____
LAST FIRST MI

Student ID # _____ **Current Campus Mailbox #** _____
(Required) (If applicable)

***Contact number if we have questions*:** (_____)_____-_____

Rental Period (check one)
Choose option : ☐ **Academic Year** ☐ **Summer I, II & Academic Year** ☐ **Summer I & II** ☐ **Summer I** ☐ **Summer II**

Campus Mailbox Assignment Policies and Rates

♦ Camus mailboxes are assigned on a first-come, first-served basis.

♦ Only currently enrolled UNCW students are eligible for a student mailbox.

♦ Campus mailboxes are limited **SO SIGN UP EARLY!**

♦ Campus mailboxes rental period is for the academic year; a charge of $11 per semester is applied to your student account.

♦ Summer School students may sign up for a campus mailboxes box at a charge of $11 for the entire summer session or sign up for $5.50 per summer term (Summer I or Summer II).

♦ Residents, freshmen and international students are required to have a campus mailbox and will automatically be assigned a campus mailboxes.

♦ Campus mailboxes for all current commuter students automatically renew each semester unless you notify Seahawk Mail to choose the "opt out" option

♦ **Seahawk Landing, Seahawk Village** (12 month contracts) will be assigned / billed for both academic year and summer service. **Resident Hall Students** will be billed for the academic year only, unless they choose to keep campus mailbox open during summer sessions.

♦Rates:

- **Academic Year** $11.00 per semester
- **Summer School** $ 5.50 per term
- **Summer keep box active** $11.00 summer

♦ Refunds are applied to students' accounts; **no refunds are issued after the end of the drop/add period.**

♦ Mail Forwarding: in the absence of a current, signed mail forwarding card, when a student box is closed, UNCW is authorized, by the signature below, to **forwarding mail to students' permanent address, unless the student has updated their temporary address on SeaNet, in the past twelve months.**

♦ Misuse may result in termination of campus mailbox privileges.

_____ _____
Signature Required (Please Use Ink) **Date**

By signing I agree to all terms and conditions outlined above. I understand that it is my responsibility to update my address information on SeaNet, and to notify all correspondents when my address changes

Drop completed forms in the "Campus Only " mailbox in the Fisher University Union
Fax to 910-962-3693 **or mail to** Seahawk Mail, 601 S. College Road, Wilmington NC 28403-5608.

FOR DEPARTMENTAL USE ONLY

Assign Date _____ Clerk Int. _____ CB # Assigned _____