FEDEX REQUEST FORM
Office of the University Registrar
881 Commonwealth Avenue 2nd Fl, Boston, MA. 02215
Phone: 617-353-3612  Fax: 617-358-1689  Email: registrar@bu.edu

CREDIT CARD NUMBERS WILL NOT BE PROCESSED VIA EMAIL. You must fax, mail, or hand deliver this form.

**Personal Information:**

Legal First and Last Name: ________________________________

BU ID #: ________________________________

Document(s) to be mailed: ________________________________

Mailing Address:

______________________________________________________________________________________________

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Email: ________________________________ Mobile #: ________________________________

**Additional Notes/Directions:**

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**Payment Information:** $25 for FedEx shipping to US addresses, or $40 for FedEx to international addresses.

☐ I have included a check (payable to Office of the University Registrar) as payment for FedEx delivery in the amount of $__________

☐ Please charge my credit card. My card information is below:

Credit Card Information:

Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiration Date: ___ ___

Authorized Amount: $_________________ Signature:____________________________________