



Departmental Move Request

Date of Notice: _____

Starting Date: _____

Requesting Department: _____

Current Building: _____

Current Room Number: _____

New Building: _____

New Room Number: _____

Submitted by: _____
Signature

Printed Name

Phone Number

Please submit the completed form by email to post-office@andrew.cmu.edu or by sending it through campus mail to Postal Services.