

TEMPORARY FORWARDING FORM

Box Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Effective Date \_\_\_\_\_ Returning Date \_\_\_\_\_

Where you want

Mail forwarded > Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_ \_ - \_ - \_

Student Id \_\_\_\_\_

\*Forwarding order is not valid without a Berry student id number.