



FEDEX SHIP MANAGER® REQUEST FORM

REQUESTOR'S INFORMATION

_____ Name	_____ Title
_____ Case Empl ID#	_____ Department
_____ Email	_____ Phone
_____ Supervisor's Name	

PHYSICAL LOCATION

_____ Building & Room#	_____ Location Code
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If physical location is off campus, please provide street address:

Address 1

Address 2

City, State & Zip

DEPARTMENT ADMINISTRATOR ACCESS

FEDEX® ~~signature~~
~~signature~~
~~signature~~

Do you require department administrator rites? Yes No

_____ Supervisor-Print Name	_____ Supervisor-Signature	_____ Date
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INTERNAL BILLING INFORMATION

A valid operation (OPR) speed type must be provided in order to establish your FEDEX Ship Manager® profile. However, you will have the ability to bill alternate speed types when creating a shipment.

Default Speed Type (OPR)

