



THE OHIO STATE UNIVERSITY
**UPS Complete View Shipping
 Access Request Form**

| | | | |
|---|---------------|------------------|--|
| Complete the fields below for your User Profile | | | |
| Required fields are highlighted in red . | | | |
| First Name | | Last Name | |
| Phone | | | |
| Email | | | |
| Address | | | |
| Addr2 | | | |
| City | | | |
| State | | | |
| Zip | | | |
| Country | United States | | |

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- Important! You are responsible for every package that you ship. Remember:**
- Before you ship a package, be sure that you know what is in it.
 - Errors in shipping or labeling Dry Ice or Hazardous Materials will lead to disciplinary actions (up to and including termination), as well as potential sanctions against the whole university
 - Do not give out the OSU UPS Account Number to external entities.
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Manager Approval Required:

 Requester Signature

 Date

 Department Manager – Print _____
 Signature _____
 Date _____
 Phone _____
 Email _____

Email form to osums@osu.edu