

TAMUG MAILROOM
Assigned "Drop Box" Form

PLEASE "PRINT" CLEARLY

Name: _____

Birth Date: _____ UIN: _____

Your Cell phone #:(_____) _____

Other Phone #: (_____) _____

TAMU Email: _____

Signature: _____

Your Height: _____ Date: _____

Phone and Contact emails:

Laura Trebilcock: trebilcl@tamug.edu – 409 740-4489

MAIL ROOM: mailroom@tamug.edu

STUDENT ADDRESSES

USPS

STUDENT NAME / (assigned Drop Box)
P.O. Box 1981
Galveston, Texas 77553

PHYSICAL ADDRESS

STUDENT NAME / (assigned Drop Box)
200 Seawolf Parkway
Bldg. #3035
Galveston, Texas 77554