Aurora University Mailroom Return Form

To return any item complete the following form, attach to the item and return both to the mailroom. Retain a copy of this form for your records.

If you have questions please contact the Mailroom, ext 7823 or ext. 7824.

Department _________________________________

Name _______________________________________

Extension ____________________________________

Date ___________________________

Date Item Ordered ____________________________

Reason for return:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*All items MUST be returned within 30 days.