## **Clark Hall Shipping Request Form - International**

Section 1: Sender's Information					
Last Name				Net ID	
First Name			To	oday's Date	
Office Location	Building N	ame:			Room #:
Department	LASSP Other:	AEP	CC	MR CLA	SSE PHYSICS
Lab Group Name					
KFS Account Number t	o Charge				
Weight (in pounds)		Dimensio	ns (L x W	x H in inches	
Business Purpose for Shipping Package (Required)					
Description of Goods Provide detailed information for all materials. If shipping documents specify exact type (ie: J-1 visa application)					
Section 2: Shipping Information					
Rate of Service	<b>□</b> 1Day [	Priority	Econo	<b>mv</b> and are dependent	al shipping times cannot be guaranteed ton the time of day package is picked up ble options vary for different countries.
Customs Value (Required)	\$	T	Please be accurate. This information make audited by custom		<b>\$</b>
	ration of Ha	azardous (	Goods, Do	es your shipme	ent Contain:
Biological Materials	Chemica	T			to ship any of these
Radioactive Materials	Dry Ice	n		U	or certification may be department for more info.
I attest that the provided is accubest of my know	rate to the		nature (Rec	·	
Recipient's Address: Must include email and phone # (No P.O. Box Numbers Allowed)					
Phone Number			Emai	I	

Please complete all fields and email or bring this form along <u>with proof of permission to ship</u> to the appropriate shipping person to create your shipping label and commercial invoice. Permission to ship must first be obtained from Cornell Export Control for <u>all international packages</u>.