

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			
If physical location is off campus, please provide street address:				
Address 1				
Address 2	_			
City, State & Zip				
		_		
DEPARTMENT ADMINISTRATOR ACCESS				
FEDEX® department administrators have the abiliremove access for individuals that are no longer in have the ability to process reports for shipments w	n their department or with the univ ithin a 45 day shipping window. S	versity. In addition, department administrators		
Do you require department administrator rites?	□ Yes □No			
Supervisor-Print Name	Supervisor-Signature	Date		
INTERNAL BILLING INFORMATION				
A valid operation (OPR) speed type must be provide will have the ability to bill alternate speed types where the ability to be abi	led in order to establish your FED hen creating a shipment.	DEX Ship Manager® profile. However, you		
Default Speed Type (OPR)	_			



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DANGEROUS GOODS SHIP	PPING	
Is it necessary for you to ship If yes, you must submit a valid	dangerous goods via FEDEX [®] ? □ Yed IATA certificate and be registered with the D	
only upon completion of the ap	ppropriate training in safe transportation of da	individual will be authorized to ship dangerous goods angerous goods by the CWRU Department of Safety es evidencing such training must be provided when
By signing below, you agree to	o the terms specified.	
Print Name	Signature	Date
COMMENTS:		
	be treated as sensitive. Do not share your FE related shipments created with your account.	EDEX [®] password with anyone. You are individually
You agree that the information	n you provided is true.	
Print Name	Signature	Date
PROCESSING INFORMATION	– Office Use Oni v	
I NOCESSING INFORMATION	– OTTICE USE ONL I	
Date Received	Name	
Office Notes:		