Copy Request Form

Name: __________________________________________ Date: ____________________

Date & time needed: ________________________________________________________

Number of copies: ______________________________

Copy code to charge: ____________________________

Last digit: (1) Teaching (2) Research (3) Department

Instructions (mark all that apply):

_____ Double-Sided  _____ Single-Sided

Staple:  Three-hole Punch:

_____ Top left corner  _____ Top

_____ Bottom left corner  _____ Side

_____ Two at top

_____ Two at side

Other:

_____ Confidential* (e.g. exams)

_____ Transparency with inserts  _____ Scan to email

Notify by email when ready: _____________________________________________

Additional instructions: _________________________________________________

_______________________________________________________________

*Confidential documents will be kept behind the desk in a box or sealed envelope.

Copy Request Form

Name: __________________________________________ Date: ____________________

Date & time needed: ________________________________________________________

Number of copies: ______________________________

Copy code to charge: ____________________________

Last digit: (1) Teaching (2) Research (3) Department

Instructions (mark all that apply):

_____ Double-Sided  _____ Single-Sided

Staple:  Three-hole Punch:

_____ Top left corner  _____ Top

_____ Bottom left corner  _____ Side

_____ Two at top

_____ Two at side

Other:

_____ Confidential* (e.g. exams)

_____ Transparency with inserts  _____ Scan to email

Notify by email when ready: _____________________________________________

Additional instructions: _________________________________________________

_______________________________________________________________

*Confidential documents will be kept behind the desk in a box or sealed envelope.