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:
_____ Top left corner
_____ Bottom left corner
_____ Two at top
_____ Two at side

Three-hole Punch:
_____ Top
_____ 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.**

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