

## Faculty Copy Request Form

*Please use one form per copying request and attached to originals with a paper clip.*

<i>Department:</i>		<i>Date:</i>			
<i>Instructor's name:</i>		<i>Office (Building/Room):</i>		<i>Telephone #:</i>	
<b>Original:</b>	<i># Pages:</i>	<i>Two-sided:</i> Y <input type="checkbox"/> N <input type="checkbox"/>	<i>Exam/Test/Homework:</i> Y <input type="checkbox"/> N <input type="checkbox"/>		
	<i>Quantity:</i>	<i>Date needed:</i>	<i>Receiving:</i> Deliver <input type="checkbox"/> Pick up <input type="checkbox"/>		
<b>Copies:</b>	<i>Finishing:</i> Two-sided <input type="checkbox"/> Staple <input type="checkbox"/> Collate <input type="checkbox"/> 3-hole punch <input type="checkbox"/> Shrink wrap <input type="checkbox"/>				
	Special Instructions:				
<b>For Copy Center Use Only</b>		<i>Date Completed:</i>		<i>Person Completing Job:</i>	
<i>Rev.: 9/19/05</i>					