

Faculty Copy Request Form

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

Department: _____		Date: _____	
Instructor's name: _____	Office (Building/Room): _____	Telephone #: _____	
Copy Job Identification Name: _____		Email: _____	
Original:	# Pages: _____	Two-sided: Y <input type="checkbox"/> N <input type="checkbox"/>	Exam/Test/Homework: Y <input type="checkbox"/> N <input type="checkbox"/>
Copies:	Quantity: _____	Date needed: _____	Receiving: Deliver <input type="checkbox"/> Pick up <input type="checkbox"/>
Finishing:	CHECK ALL THAT APPLY: 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: _____			

Rev:11-12-18