Copy Request Form

Requested By: ___________________  Department: ___________________  Phone Number: ______

Date/Time Submitted: ________________  Date/Time Required: ________________

(Please allow 3 business days for all jobs)

# of pages of ORIGINALS: ______  Are Originals double sided? Y  N  # OF COPIES: ______

Collated _____  Uncollated _____  (If uncollated is each original/page copied to be placed into separate stacks?) ______

DOUBLE SIDED:  1-1 _____  1-2 _____  2-1 _____  2-2 _____

STAPLED:  1 Staple: Left ___ or Right ___  2 Staples: Top ___ or Side ___

HOLE PUNCHED:  2 Holes: _____  3 Holes: Left____ or Right _____ or Top _____

Special Instructions: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Special Options

Color Paper:  Blue: ____  Yellow: ____  Pink: ____  Green: ____  Ivory: ____

Special Paper:  8.5 x 14 (legal) ___  11 x 17 ___  Card Stock (heavier):  8.5 x 11 ___  11 x 17 ___

Booklet Binding: ________  Number pages? Yes (where?) _____  No _____

*For more detailed booklet binding and other folding jobs please see Fold/Mail request form

______________________________________________________________________________

Copy Center Staff Use Only

Completed By: _____________________  Date/Time: _____________________

Date Notified: _______________  By Phone: _______________  By Email: _______________