

COPY REQUEST FORM -NON URGENT/ URGENT(Circle one)

Instructor's Name	Department	Number of Originals	Number of Copies
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Copy Configuration (Check One Only)

1 Sided
1-2 Sided
2-2 Sided

Staple/ Hole-Punch

No Staple
Upper Left
Left Top & Bottom
Hole-Punch
3@left
2@left
3@Top
2@Top

Special Instructions

Date / Time Needed