

Copy Request Form -- Please complete one form per copy request

Name \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Pick-up \_\_\_\_\_ Delivery \_\_\_\_\_

Delivery Information - All Information Required for Delivery

Your work will be delivered 24 hours from submission

Delivery date: \_\_\_\_\_ Deliver to Office No. \_\_\_\_\_

Delivery time (please check):

\_\_\_ 9:00 am    \_\_\_ 11:00 am    \_\_\_ 1:00 pm    \_\_\_ 3:00 pm

24 Hour Turnaround Time

Number of Copies \_\_\_\_\_ Exam: yes \_\_\_\_\_ No \_\_\_\_\_

Unstapled \_\_\_\_\_

Stapled \_\_\_\_\_

Make copies: \_\_\_\_\_ one-sided

\_\_\_\_\_ two-sided

Special Instructions (e.g., what color paper, 3-hole punch):

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