

REQUEST FOR DUPLICATING SERVICE

DATE AND TIME SUBMITTED: _____ AM PM

DATE AND TIME NEEDED: _____ AM PM

DEPARTMENT NAME: _____

INDEX CODE (REQUIRED): _____

NUMBER OF ORIGINALS: _____

NUMBER OF COPIES NEEDED: _____

COLLATE BLACK & WHITE

STAPLE COLOR

3 HOLE PUNCH CONFIDENTIAL

SINGLE TO DOUBLE SIDE DOUBLE SIDED

OTHER: _____

PRINT NAME (REQUIRED): _____

SIGNATURE: _____

REMINDER: DUPLICATING COPY MUST BE DELIVERED 24 HRS. BEFORE COMPLETION IS REQUIRED

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