

Request Form

Requested by: _____

Phone: _____

Date/Time: _____

E-Mail: _____

Date/Time Required: _____

Project Name: _____

College: CGU CMC HMC KGI PIT POM SCR CUC

Dept. Name : _____ Dept. Account Number: _____

Services Requested:

Number of Pages per Original: _____

Number of Copies/Sets: _____

Photocopying

- B & W Reduce _____% Photos: Glossy Matte
 Color Enlarge _____% Stock _____

 8.5 x 11 [letter] 8.5 x 14 [legal] 11 x 17 [tabloid]
 One-Sided Copy Double-Sided Copy

Bound volumes/articles (Your request may be protected by copyright law, see below)

Banner/Poster Printing Number of Prints: _____ Size of Print: _____

Scanning Number of Pages: _____ **Storage** USB Flash Drive CD-R

Laminating

- 8 ½ x 11 8 ½ x 14 11 x 17

Binding

- Coil Binding Velo Binding Comb Binding Hard Cover Binding

Special Requests/Services:

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DL: Revised 4/2011