

**College of Business Faculty Support Center
Copying & Printing Request Form**

Attach a separate copy request form for each document submitted.
Similar requests may be submitted on the same form.

Name: _____

Time Copies Needed: _____

Date Needed: _____

No. of Copies: _____

Indicate the specifics of your copy request by carefully selecting options. **Please fill out form completely!**

*	Copy Mode
<input type="checkbox"/>	1-Sided to 2-Sided
<input type="checkbox"/>	1-Sided to 1-Sided
<input type="checkbox"/>	2-Sided to 2-Sided

*	Paper Size
<input type="checkbox"/>	8.5x11 (standard)
<input type="checkbox"/>	8.5x14 (legal)
<input type="checkbox"/>	11x17 (ledger)

*	Method of Return
<input type="checkbox"/>	Mailbox
<input type="checkbox"/>	Pick-up
<input type="checkbox"/>	Scan to Email
<input type="checkbox"/>	Secure Holding/Pick-up
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	Staple
<input type="checkbox"/>	3-Hole Punch

<input type="checkbox"/>	color
<input type="checkbox"/>	

Special Instructions	
Cutting:	
Binding:	

For Copy Center Staff Only	
Date Submitted: _____	No. of Copies: _____
Employee Initials: _____	No. of Pages: _____
Date completed: _____	Total Copies: _____