

COPY, SCAN & FAX REQUEST

Name _____

Date Submitted _____

Due Date & Time _____

✓ Purpose:

_____ Teaching Course # _____

_____ Research

_____ Grant Acct. No. _____

_____ Other _____

_____ COPIES of _____ Pages	
_____ Front Only	_____ Two-sided
_____ Staple	_____ Hole Punch
_____ Alternate Tests	_____ Book
_____ Color(s) _____	

_____ SCAN as PDF and EMAIL to me
--

_____ FAX _____ Pages <i>(Cover sheet needs completed and included with request)</i>
--

Special Instructions: _____

Completed by _____

Date _____