

COPY AND SHREDDER REQUEST FORM

FOR OFFICE USE ONLY

AUTHORIZED BY: _____ DATE: _____

COPY PERSON: _____ DATE COMPLETED: _____

FACULTY NAME _____

DATE SUBMITTED _____ DATE NEEDED BY _____

DESCRIPTION/PURPOSE OF JOB _____

COPIES:

_____ NUMBER OF COPIES
_____ COLLATE & STAPLE
_____ COLLATE ONLY
_____ SINGLE-SIDED
_____ DOUBLE-SIDED
_____ STAPLE

SPECIAL INSTRUCTIONS FOR COPYING:

EXAMS:

_____ NUMBER OF VERSIONS
_____ NUMBER OF COPIES PER VERSION
_____ COPY EACH VERSION ON DIFFERENT COLOR
_____ COPY EVERY VERSION ON WHITE
_____ SORT BY COLOR (ONE STACK FOR EACH COLOR)
_____ COLLATE THE COPIES (ALL INTO ONE STACK)

BOOKS: NOTE -COPYRIGHT LAWS PROHIBIT COPYING ENTIRE BOOK

_____ NUMBER OF COPIES _____ COLLATE & STAPLE
_____ PAGE # _____ TO PAGE # _____ _____ COLLATE ONLY

SCANNING:

INSTRUCTIONS: _____

EMAIL ADDRESS: _____

SHREDDING:

_____ SHRED – ALL ATTACHMENTS