

# Copy Request Form

## COPY REQUEST FORM

Today's Date:

Date Needed:

Special Instructions:

Name:

Number of Originals

Number Needed:

### COPY DETAILS

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> black & white  | <input type="checkbox"/> color     |
| <input type="checkbox"/> one-sided only | <input type="checkbox"/> two-sided |
| <input type="checkbox"/> 3-hole punched | <input type="checkbox"/> stapled   |
| <input type="checkbox"/> grouped        | <input type="checkbox"/> sorted    |

### PAPER COLOR

- |  |   |
|--|---|
| <input type="checkbox"/> white cardstock | <input type="checkbox"/> color paper: _____ |
| <input type="checkbox"/> white paper     |   |

Deliver to Room #

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