

## PHOTOCOPYING REQUEST FORM

Options for submitting this form:

1. Upload and attach your documents then click the submit button.
2. Print the form and return it along with your documents to MP 404.

Date Given:	Date Needed:	Time Needed:		
# of copies _____ of _____ pages		Transparencies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Collate <input type="checkbox"/> Staple <input type="checkbox"/>		Two-sided copies: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>COLOR OF PAPER REQUESTED:</b>				
<input type="checkbox"/> WHITE	<input type="checkbox"/> BLUE	<input type="checkbox"/> PINK	<input type="checkbox"/> YELLOW	<input type="checkbox"/> GREEN
<input type="checkbox"/> CHERRY	<input type="checkbox"/> ORCHID	<input type="checkbox"/> SALMON	<input type="checkbox"/> TAN	<input type="checkbox"/> GOLD
CAN A STUDENT EMPLOYEE MAKE THESE COPIES: <input type="checkbox"/> Yes <input type="checkbox"/> No				
SPECIAL INSTRUCTIONS:				
***It is important that you include the time you need your copies so that we can adjust our photocopying schedule to meet your requirements. Please allow us at least 1-2 days to complete your request.***				

**PLEASE ALLOW 1 – 2 DAYS FOR PROCESSING**