

Campus Printing & Design Services

Wilson Hall, Room 112 • 271.4236 Fax: 271.5620



DUPLICATING REQUEST

Check here for
ACADEMIC EXAM

Name _____

Dept. _____ Dept. Code. _____

Campus Address _____ Extension No. _____

Date Submitted _____ Date Due _____

Copier or Printing Press

Black Ink

Color Ink

No. of originals: _____ No. of Copies: _____

Size of copies: 8 $\frac{1}{2}$ " x 11" 8 $\frac{1}{2}$ " x 14" 11" x 17"

Paper: 20# Bond: white or color: _____

60# Text: white or color: _____

65# Cover: white or color: _____

Transparencies

Paper provided

NCR: No. of parts: _____

Special instructions:

Front Only

Front and back

Toe to heel

Front cover only

Front and back covers

Spiral bind

Collate

Number

Staple

Punch

Cut or trim to _____ "x_____"

Pad: _____ sheets

Fold to _____ type in/type out

Score

Perf

Laminate

Other:

Return By:

Griffon Courier

Campus Mail

Client will pick up @ _____