

Duplicating Request Form

Date: _____

Time: _____ **AM or PM**

Name of Form: _____

Requested by: _____

Drop Off Location: _____

Date Needed by: _____

Please allow 1-3 business day(s) for requests to be completed.

Options

Number of Copies: _____

Number of Originals: _____

Please check all that apply:

Two-Sided

Front Only

Collated & Stapled

Three Hole

Collated (Not Stapled)

Punch Color (Other than White):

Additional Comments:

For Student Worker Use:

Initial:

_____ Completed Duplication Request

_____ Dropped Off Duplication Requested at Indicated Location

_____ Emailed Confirmation to Faculty

Email completed form with attachments to:

scampbell@txstate.edu, naomiwilson@txstate.edu, jh70@txstate.edu, do11@txstate.edu and d_q322@txstate.edu