

Reproduction Requests

Name: _____ Date: _____ Mail _____ Pickup _____

Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Collection/Box	Folder/Location of items	Format	Total Pages/Images	Cost
		<input type="checkbox"/> digital <input type="checkbox"/> copy		
		<input type="checkbox"/> digital <input type="checkbox"/> copy		
		<input type="checkbox"/> digital <input type="checkbox"/> copy		
		<input type="checkbox"/> digital <input type="checkbox"/> copy		
		<input type="checkbox"/> digital <input type="checkbox"/> copy		
Other Charges				
Total Cost				

I agree to abide by all rules and regulations concerning reproduced materials, and also agree to pay all charges incurred with this request.

Signature _____ Date _____

Date Received: _____ Date Completed: _____