

Submit all in-print originals on white paper with no staples, tears, creases, or binding. Please place the Duplicating Request Form with your originals, paper clipped, in the drop-off basket in the Print Center.

When requesting a test or exam, for security purposes, please place request and test in the drop-slot in the main cabinet in the Print Center. Please fill out Request form in its entirety, and ensure all information is correct before submitting. Online forms are located at monroeccc.edu. Please fill out the Duplicating Request Form and send the form and your file to: printcenter@monroeccc.edu | Ext. 4319

DIRECTIONS:

Information		Originals		
Date Requested: _____	RUSH <input type="checkbox"/>	Number of Originals: _____	<i>If double-sided, please count each side as an original</i>	
Date Required: _____ <small>(Please allow at least three business days for completion)</small>	Time: _____	<input type="checkbox"/> One-sided	<input type="checkbox"/> Two-Sided	<input type="checkbox"/> Mixed (one and two-sided)
Originator: _____				
Account Number: _____ / _____ / _____ / _____				
Phone Number / Email: _____				
File or Document Name: _____				
Special Instructions: _____				
Copyright Material				
<p>In submitting this copyright request, I have complied with the Copyright Law of the United States (Title 17, U.S. Code) and have submitted proper authorization, if warranted, to the Division Chair/Director in my department.</p> <p>Please check one:</p> <p><input type="checkbox"/> I have submitted a letter of permission to the Division Chair/Director in my department.</p> <p><input type="checkbox"/> The use of this piece falls within the Fair Use Guidelines.</p>				
Signature: _____				
For Print Center Use ONLY				
<p><i>Chargebacks Add \$0.02 per page for cardstock and Astrobright paper</i></p> <p>B/W Copies: _____ @ \$0.06 Posters/Lam: _____ @ \$1.50 Sq. Ft</p> <p>Color Copies: _____ @ \$0.12 Poster Mounting: _____ @ \$10.00</p> <p>Bindings: _____ @ \$0.50 Pad Gluing: _____ @ \$0.20/pad</p> <p>#10 Envelopes: _____ @ \$0.07 Other Envelopes: _____ @ \$ _____</p> <p>Additional Costs: _____</p> <p>TOTAL COST: _____</p> <p>Completed by: _____ Date: _____</p> <p>Notes: _____</p>				
Paper Selection				
<p>Size: <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17</p> <p>Paper Type:</p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Cardstock <input type="checkbox"/> 24 lb. White</p> <p><input type="checkbox"/> Astrobright: Color _____ <input type="checkbox"/> Carbonless: Sets of _____</p> <p>Color Selection:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orchid</p> <p><input type="checkbox"/> Ivory <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Gold</p>				
Envelope Selection				
<p><input type="checkbox"/> No. 10 Window Envelope- Black Logo Qty: _____</p> <p><input type="checkbox"/> No. 10 Envelope- Black Logo Qty: _____</p> <p><input type="checkbox"/> No. 10 Envelope- Burgundy Logo Qty: _____</p> <p><input type="checkbox"/> Other Envelope Qty: _____</p>				