

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 Copy Center.

## DIRECTIONS:

When requesting a test or exam, for security purposes, please place request and test in the drop-slot in the main cabinet in the Copy Center. If using the 3-part form, please keep pink copy for your records. Online forms are located at [monroecc.edu](http://monroecc.edu). It can be found by searching Copy Center. Please fill out the Duplicating Request Form and send the form and your file to: [copycenter@monroecc.edu](mailto:copycenter@monroecc.edu) | Ext. 4319

Information	Originals
<b>Date Requested:</b> _____ <b>RUSH</b> <input type="checkbox"/> <b>Date Required:</b> _____ <b>Time:</b> _____ <i>(Please allow at least one business day for completion)</i> <b>Originator:</b> _____ <b>Account Number:</b> ____/____/____/____ <b>Phone Number / Email:</b> _____ <b>Number of Jobs in Request:</b> _____ <b>File or Document Name:</b> _____  <b>Special Instructions:</b> _____   	<b>Number of Originals:</b> _____ <i>If double-sided, please count each side as an original.</i> <input type="checkbox"/> One-sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Mixed (one and two-sided) 
<b>Finishing Options</b>	
(For Each Sections Below Please <input checked="" type="checkbox"/> All That Apply)	
<b>Quantity:</b> _____ <input type="checkbox"/> Before Cut <input type="checkbox"/> After Cut <input type="checkbox"/> One-Sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Duplicate of Originals <input type="checkbox"/> Collated- 123,123 <input type="checkbox"/> Not Collated – 111,222,333	
<b>Staple:</b> <input type="checkbox"/> Portrait <input type="checkbox"/> Landscape <input type="checkbox"/> Booklet	
<b>Punching:</b> <input type="checkbox"/> 3-Hole Left <input type="checkbox"/> 2-Hole Left <input type="checkbox"/> 2-Hole Top	
<b>Binding:</b> <input type="checkbox"/> Comb Bind <input type="checkbox"/> Tape Bind Color of Tape (Black, Red, White): _____	
<b>Gluing:</b> <input type="checkbox"/> Top edge <input type="checkbox"/> Left edge	
<b>Folding:</b> <input type="checkbox"/> In Half <input type="checkbox"/> Z – Fold <input type="checkbox"/> C – Fold	
<b>Trim:</b> Finished Size: _____ x _____   No. of Posters: _____ Total Sq. Ft.: _____ <input type="checkbox"/> Foam Core Mount <input type="checkbox"/> Laminate	
<b>Paper Selection</b>	
<b>Size:</b> <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17	
<b>Paper Type:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Cardstock <input type="checkbox"/> Carbonless: Sets of _____ <input type="checkbox"/> Burgundy Letterhead <input type="checkbox"/> Black Letterhead	
<b>Color Selection:</b> <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orchid <input type="checkbox"/> Ivory <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Salmon <input type="checkbox"/> Goldenrod	
<b>Copyright Material</b>	
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.  Please check one: <input type="checkbox"/> I have submitted a letter of permission to the Division Chair/Director in my department. <input type="checkbox"/> The use of this piece falls within the Fair Use Guidelines.  Signature: _____	
<b>** For Copy Center Use ONLY **</b>	
<i>Chargebacks</i>	
<b>B&amp;W copies:</b> _____ @ \$0.04 <b>Posters:</b> _____ @ \$1.50 Sq. Ft <b>Color Copies:</b> _____ @ \$0.40 <b>Laminating:</b> _____ @ \$1.50 Sq. Ft. <b>Bindings:</b> _____ @ \$0.30 <b>TOTAL COST:</b> _____	
<b>Completed by:</b> _____ <b>Date:</b> _____ <b>Notes:</b> _____	