

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. 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 | Ext. 4319

Information	Originals
Date Requested: _____ RUSH <input type="checkbox"/> Date Required: _____ Time: _____ <i>(Please allow at least one business day for completion)</i> Originator: _____ Account Number: ____/____/____/____ Phone Number / Email: _____ Number of Jobs in Request: _____ File or Document Name: _____ Special Instructions: _____ 	Number of Originals: _____ <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)
Finishing Options	
(For Each Sections Below Please <input checked="" type="checkbox"/> All That Apply)	
Quantity: _____ <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	
Staple: <input type="checkbox"/> Portrait <input type="checkbox"/> Landscape <input type="checkbox"/> Booklet	
Punching: <input type="checkbox"/> 3-Hole Left <input type="checkbox"/> 2-Hole Left <input type="checkbox"/> 2-Hole Top	
Binding: <input type="checkbox"/> Comb Bind <input type="checkbox"/> Tape Bind Color of Tape (Black, Red, White): _____	
Gluing: <input type="checkbox"/> Top edge <input type="checkbox"/> Left edge	
Folding: <input type="checkbox"/> In Half <input type="checkbox"/> Z – Fold <input type="checkbox"/> C – Fold	
Trim: Finished Size: _____ x _____ No. of Posters: _____ Total Sq. Ft.: _____ <input type="checkbox"/> Foam Core Mount <input type="checkbox"/> Laminate	
Paper Selection	
Size: <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17	
Paper Type: <input type="checkbox"/> Standard <input type="checkbox"/> Cardstock <input type="checkbox"/> Carbonless: Sets of _____ <input type="checkbox"/> Burgundy Letterhead <input type="checkbox"/> Black Letterhead	
Color Selection: <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	
Copyright Material	
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: _____	
** For Copy Center Use ONLY **	
<i>Chargebacks</i>	
B&W copies: _____ @ \$0.04 Posters: _____ @ \$1.50 Sq. Ft Color Copies: _____ @ \$0.40 Laminating: _____ @ \$1.50 Sq. Ft. Bindings: _____ @ \$0.30 TOTAL COST: _____	
Completed by: _____ Date: _____ Notes: _____	