



# DUPLICATING CENTER REQUEST OHLONE COMMUNITY COLLEGE

### Highlight Location of Delivery

F Fremont Campus  
NC Newark Center

 EXAM PLACE EXAM IN MAILBOX

✓ Allow (3) working days – Color, Large and/or unusual requests must be scheduled in advance.  
✓ The Duplication Center's Extensions are 6211, 6012

\_\_\_\_\_  
SIGNATURE

Date Submitted: \_\_\_\_\_ Date Due: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_ Dept: \_\_\_\_\_

Description of Job: \_\_\_\_\_ Mail Stop #: \_\_\_\_\_

# Of Originals: \_\_\_\_\_ # Of Copies: \_\_\_\_\_ Dean: \_\_\_\_\_  FT /  PT

**EXAMS/TESTS ARE SECURED  
IN A SEALED ENVELOPE**

Color copies need Dean/Manager Approval/Signature: \_\_\_\_\_

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ATTACH RELEASE OR EXPLAIN HOW COPYRIGHT LAWS ARE NOT BEING VIOLATED. DEAN/MANAGER SIGNATURE: \_\_\_\_\_

## DUPLICATING SPECIFICATIONS AND INFORMATION

SIZE	COLORS	PAPER	DUPLICATING CENTER USE ONLY	
<input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 12 x 18	<input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Canary <input type="checkbox"/> Buff	<input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> Goldenrod  <input type="checkbox"/> 20# Bond <input type="checkbox"/> 90# Index <input type="checkbox"/> Other <input type="checkbox"/> Customer Provided	<input type="checkbox"/> Admin. <input type="checkbox"/> F/T <input type="checkbox"/> P/T	<input type="checkbox"/> Color <input type="checkbox"/> Copiers <input type="checkbox"/> Off-Campus
<b>PRINT</b> <input type="checkbox"/> One Side <input type="checkbox"/> Two Side <input type="checkbox"/> As Originals		<input type="checkbox"/> ENLARGE TO FIT <input type="checkbox"/> REDUCE TO FIT		

## BINDERY REQUIREMENTS

ASSEMBLY	STAPLING	Padding	FOLDING	BINDING
<input type="checkbox"/> Collate <input type="checkbox"/> As Originals <input type="checkbox"/> Stacked/Not Collated <input type="checkbox"/> Drill 2 Holes Top <input type="checkbox"/> Drill 3 Holes Side <input type="checkbox"/> Cut to _____ x _____	<input type="checkbox"/> Corner <input type="checkbox"/> Side 2 <input type="checkbox"/> Saddle Stitch <input type="checkbox"/> As Originals	<input type="checkbox"/> 50 Per <input type="checkbox"/> 100 Per	<input type="checkbox"/> Accordion <input type="checkbox"/> Half <input type="checkbox"/> Letter <input type="checkbox"/> Tri Fold <input type="checkbox"/> Other	<input type="checkbox"/> Spiral Bind <input type="checkbox"/> Rubber Band

## SPECIAL INSTRUCTIONS / OTHER

## DUPLICATING CENTER USE ONLY

All requests and deliveries will be at the Central Services Center Dean/Manager: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Operator: \_\_\_\_\_ # Of Impressions: \_\_\_\_\_ Date Delivered: \_\_\_\_\_