



DUPLICATING CENTER REQUEST OHLONE COMMUNITY COLLEGE

Highlight Location of Delivery

M Main Campus
N Newark

 EXAM

 PLACE EXAM IN MAILBOX

✓ Allow (3) working days – 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: _____ Dep: _____

Description of Job: _____ Mail Stop #: _____

Of Originals: _____ # Of Copies: _____ Dean: _____ FT / PT

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

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

DUPLICATING SPECIFICATIONS AND INFORMATION

<u>SIZE</u>	<u>COLORS</u>	<u>PAPER</u>	<u>DUPLICATING CENTER USE ONLY</u>
<input type="checkbox"/> 8.5 x 11 (Letter) <input type="checkbox"/> 8.5 x 14 (Legal) <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other	<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"/> Customer Provided <input type="checkbox"/> ENLARGE TO FIT <input type="checkbox"/> REDUCE TO FIT	<input type="checkbox"/> Admin. <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Copiers <input type="checkbox"/> Off-Campus
<u>PRINT</u> <input type="checkbox"/> One Side <input type="checkbox"/> Two Side <input type="checkbox"/> As Originals			

BINDERY REQUIREMENTS

<u>ASSEMBLY</u>	<u>STAPLING</u>	<u>Padding</u>	<u>FOLDING</u>	<u>BINDING</u>
<input type="checkbox"/> Collate <input type="checkbox"/> As Originals <input type="checkbox"/> Stacked/Not Collated <input type="checkbox"/> Drill # Holes _____ <input type="checkbox"/> Cut to _____ x _____	<input type="checkbox"/> Corner <input type="checkbox"/> Side 2 <input type="checkbox"/> As Originals	<input type="checkbox"/> 50 Per <input type="checkbox"/> 100 Per	<input type="checkbox"/> Half <input type="checkbox"/> Letter <input type="checkbox"/> Accordion <input type="checkbox"/> other	<input type="checkbox"/> Tape Bind <input type="checkbox"/> Rubber Band

SPECIAL INSTRUCTIONS / OTHER

DELIVERY \$ COMPLETION INFORMATION

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

Date Completed: _____ Operator: _____ # Of Impressions: _____ Date Delivered: _____