



DUPLICATING CENTER REQUEST OHLONE COMMUNITY COLLEGE

Highlight Location of Delivery

F Fremont Campus
NC Newark Center

- ✓ Allow (3) working days – Color, Large and/or unusual requests must be scheduled in advance.
- ✓ The Duplication Center's Extensions are 6211, 6012
- ✓ E-Mail order to: Ohlone@e-arc.com

EXAM

PLACE EXAM IN MAILBOX

SIGNATURE

Date Submitted: _____ Date Due: _____

Submitted By: _____

Phone/Extension: _____ Dept: _____

Description of Job: _____ Mail Stop #: _____

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

Color copies need Dean/Manager Approval/Signature: _____

Copyrighted materials will not be printed without release from the publisher/author.

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

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

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"/> 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"/> Color <input type="checkbox"/> Copiers <input type="checkbox"/> Off-Campus
PRINT <input type="checkbox"/> One Side <input type="checkbox"/> Two Side <input type="checkbox"/> As Originals			

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"/> GBC ComBind <input type="checkbox"/> ACCO BIND <input type="checkbox"/> Other <i>Please specify custom binding under special instructions. Allow for 3 working days to complete order.</i>

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: _____