



CANTON CAMPUS

REQUEST FOR DUPLICATING SERVICES
(Please complete form)

PLEASE SUBMIT THIS FORM IN DUPLICATE

Authorized Signature: _____ Date: _____
(By signing I am certifying that this is not copyrighted material)

Submitted by: _____ Test/Quiz

Division/Department: _____ Budget Code: _____

Number of Originals: _____ Number of Copies Each: _____ Back to Back: Yes No

White Special Color Request: _____ Collate: Yes No

Special Instructions: _____

COPYRIGHT RELEASE FORM MUST ACCOMPANY ALL COPYRIGHTED MATERIAL

Form Revised: 6/2010

Date Material Processed: _____



CANTON CAMPUS

REQUEST FOR DUPLICATING SERVICES
(Please complete form)

PLEASE SUBMIT THIS FORM IN DUPLICATE

Authorized Signature: _____ Date: _____
(By signing I am certifying that this is not copyrighted material)

Submitted by: _____ Test/Quiz

Division/Department: _____ Budget Code: _____

Number of Originals: _____ Number of Copies Each: _____ Back to Back: Yes No

White Special Color Request: _____ Collate: Yes No

Special Instructions: _____

COPYRIGHT RELEASE FORM MUST ACCOMPANY ALL COPYRIGHTED MATERIAL

Form Revised: 6/2010

Date Material Processed: _____