



# MIDDLEBOROUGH CENTER

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: \_\_\_\_\_

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Form Revised: 6/2010

Date Material Processed: \_\_\_\_\_



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