



# COPY REQUEST

## HISTORY DEPARTMENT OFFICE

( 1 )

NAME: \_\_\_\_\_

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TIME / DATE SUBMITTED: \_\_\_\_\_

TIME / DATE NEEDED: \_\_\_\_\_

( 2 )

Number of ORIGINAL Sheets: \_\_\_\_\_

Number of COPIES Desired: \_\_\_\_\_

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Double-sided                      or                      Single-sided

Collated                              or                      Not Collated

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( 4 )

**DEFERRED**  
5 or more business days.  
(Preferred where possible)

**NORMAL**  
2 business days

**EXPRESS\***  
Less than 2 days

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\*Requires signature of the Department Chair or Administrator for authorization due to additional L&S Copy Center fees.