

GRAPHICS REQUEST FORM

PERSON REQUESTING: _____

EXTENSION/ PHONE # OR EMAIL: _____

RETURN TO: _____

COPIES NEEDED: _____

DATE SUBMITTED TO GRAPHICS: ___/___/___ 10am 1pm 4pm
(check one)

DATE NEEDED BY: ___/___/___ 10am 1pm 4pm
(check one)

ORIGINAL COPY IS (check one): 1 sided 2 sided Book Digital File

INSTRUCTIONS :

PAPER SIZE: 8 ½ x 11 8-½ x 14 11 x 17

FINISHING: 1-2 sided 2-2 sided 1 sided 3 hole Staple

Color Bind Rubber band Subset stapling

Distribute from Graphics >Class Name: _____

Supplement is posted on TWEN

SPECIAL INSTRUCTIONS: _____

1. _____
2. _____
3. _____
4. _____

If more subsets, check the box and list them on the back of the page:

To be filled out by Graphics:

COPIED AND CHECKED BY: _____

DATE: _____

Additional Subsets Stapling

5. _____
6. _____
7. _____
8. _____
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