

# Copy Service Request

School of Chemical Sciences  
Mailroom, 29B Roger Adams Lab

**▶▶▶▶▶ Copy form submission - 24 hour notice preferred ◀◀◀◀◀**

*NOTE: Any emailed submission received after 4 pm will be considered as submitted on the next working day.*

Copies For: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (1st Initial) Department: \_\_\_\_\_

Call: \_\_\_\_\_ (Your Name) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Time: \_\_\_\_\_  
(ASAP not acceptable)

CFOP Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	F			O				P			(A-optional)						

CFOP Alias: \_\_\_\_\_

Course Number:  Number of copies: \_\_\_\_\_ Number of pages: \_\_\_\_\_

Collate	Staple	2-Sided	Color of Paper	Thermo Bind	Spiral Bind	Covers and Color
Pads	Cutting	Folding	3-Hole Paper	Transparencies	Tabs	Confidential

Additional Comments:

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### For Official Use Only LAS SCS Copy Service

Copy Code: L - Xerox Copies: _____ of Pages: _____ Total Copies: _____	Copy Code: F - All Binding Number of books: _____
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### \*\*\* Mail Duplicating \*\*\*

Called:	Date:	Time:	Initials:
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