## PHOTOCOPY/SCAN Request

## Do not remove material from folder. Place this form on top of documents or pages to be copied. Please print CLEARLY. Your name: Date: SCAN or PHOTOCOPY (circle one) Title/Collection name:

Folder no.:\_\_\_\_\_

Call no.: \_\_\_\_\_

Page no.: \_\_\_\_\_

Photo ID: \_\_\_\_\_

No. of pages: \_\_\_\_\_

Special instructions:

Description of item to be copied:

OR

OR

AND

## PHOTOCOPY/SCAN Request

**Special instructions:** 

Do not remove material from folder. Place this form on top of documents or pages to be copied.

Please print CLEARLY.	Please print CLEARLY.
Your name:	Your name:
	Date:
SCAN or PHOTOCOPY (circle one)	SCAN or PHOTOCOPY (circle one)
Title/Collection name:	Title/Collection name:
Box no:	Box no:
Folder no.:	Folder no.:
Description of item to be copied:	Description of item to be copied:
OR Call no.:	<b>OR</b> Call no.:
Page no.:	Page no.:
OR Photo ID:	OR Photo ID:
AND No. of pages:	AND No. of pages:

**Special instructions:** 

PHOTOCOPY/SCAN

Request

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