

**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:

Box no: _____

Folder no.: _____

Description of item to be copied:

OR

Call no.: _____

Page no.: _____

OR

Photo ID: _____

AND

No. of pages: _____

Special instructions:

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