

Office of Student Organizations
Organization
Copy Request Form
(24 hrs needed for all copies)

Organization: _____

Requestor: _____

Date Service is Required by: _____

Phone: _____ **Email:** _____

Services Requested:

Copies (1500 free per semester; 150 color copies per semester)

Total number of copies made: _____

Number of Originals: _____ Number of Copies needed: _____

Only 8 1/2" x 11" papers allowed.

Color copies (check) _____

Black & White copies (check) _____

Color (please circle your selections): White Ivory Tan Peach Purple Violet Red
Teal Orange Blue Gold Yellow Green Pastel Blue Pastel Yellow Pastel Pink Pastel Green Assorted

Special Instructions: _____

For more information on policies, please see HYPE staff, MSC 3300 or 4-4573.

***(For Pick-up)**

Organization Signature: _____ Date: _____

_____ Date Compl.
_____ SA initials