College of Business Faculty Support Center
EXAM REQUEST FORM

Attach a separate copy request form for each document submitted.

Name:_____

Time Copies Needed: _____
Date Copies Needed: _____
No. of Copies: _____

Indicate the specifics of your copy request by carefully selecting options**.** **Please fill out form completely!**

*	Copy Mode
☐	1-Sided to 2-Sided
☐	1-Sided to 1-Sided
☐	2-Sided to 2-Sided

☐	Staple
☐	3-Hole Punch

*	Paper Size
☐	8.5x11 (standard)
☐	8.5x14 (legal)
☐	11x17 (ledger)

*	Method of Return
☐	Mailbox
☐	Pick-up
☐	Scan to Email
☐	Secure Holding/Pick-up

Insert Scantron: No ***Exam Numbered***: No ***Scantron Numbered***: No

Scantron Type: Scantron 882-E(green)☐ **100 questions** Scantron 889-E(green)☐ **50 questions** General Purpose(4521-blue)☐ Form No. 106173☐

Color Paper: White☐ Blue ☐Yellow ☐Pink☐Green ☐ **COVER ONLY**☐ Complete exam in color ☐

Special Instructions

For Copy Center Staff Only	
Date Submitted:_____	No. of Copies:_____
Date Completed:_____	No. of Pages:_____
Employee Initials:_____	Total Copies:_____