

RARE BOOK AND SPECIAL COLLECTIONS
PHOTOCOPY REQUEST

- Fill in one form per item
- Please pay when ordering
- Photocopies will not be held after 3 months
- Photocopying will be done by staff only

Date order placed: _____

Date order required: _____

NAME _____

DATE _____ TELEPHONE _____

CALL NO. _____

AUTHOR/TITLE _____

PAGES REQUESTED _____

TO BE PICKED UP _____

TO BE MAILED _____ (Surcharge will be added)

MAILING ADDRESS _____

(for Office Use Only)

OVERSIZE _____ EXPOSURES _____

SPECIAL INSTRUCTIONS _____ PRICE \$ _____

MAILING CHARGE _____

TOTAL \$ _____

PAID _____ NOT PAID _____

STAFF _____ APPROVED _____

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