

Print Services Request Form

Tel: 01206872376 Email: ccentre@essex.ac.uk

DECLARATION: I have obtained all necessary permission from

Charge Code: 8

the Copyright holder(s) of the material to be copied, and take full responsibility for any liability (please tick).

1. CONTACT DETAILS

| | |
|------------------|------------------|
| Name | Telephone Number |
| Department | Room No. |
| Copy Centre Ref: | Date required |

2. DIGITAL COPYING INSTRUCTIONS

| | |
|--|--|
| Document name | |
| Number of copies | Number of originals |
| Size to be printed: A4 <input type="checkbox"/> A3 <input type="checkbox"/> | Single-sided <input type="checkbox"/> Doubled-sided <input type="checkbox"/> |
| Black & white copying <input type="checkbox"/> Color copying <input type="checkbox"/> | |
| Paper <input type="checkbox"/> Card <input type="checkbox"/> Color material required (please state color) | |
| Covers: Front <input type="checkbox"/> Back <input type="checkbox"/> Front single sided <input type="checkbox"/> Back blank <input type="checkbox"/> | |

3. FINISHING INSTRUCTIONS

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|---|
| Collated <input type="checkbox"/> Do not collate <input type="checkbox"/> |
| Hole punch: 2 holes <input type="checkbox"/> 4 holes <input type="checkbox"/> |
| Staple: One staple in top left corner <input type="checkbox"/> Two staples <input type="checkbox"/> |
| Binding: Heat <input type="checkbox"/> Comb <input type="checkbox"/> |
| Laminate: A4 <input type="checkbox"/> A3 <input type="checkbox"/> |

4. SPECIAL INSTRUCTIONS

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5. Opening hours: Monday- Thursday 9.00 - 4.45 Friday 9.00 - 4.30

| | | |
|---|---|---|
| I will collect <input type="checkbox"/> | Please deliver <input type="checkbox"/> | Tick if confidential <input type="checkbox"/> |
|---|---|---|