CLERICAL SERVICES REQUEST

ATTACH THIS SHEET TO YOUR WORK AND PLACE IN THE APPLICABLE REQUEST TRAY IN THE ADMINISTRATIVE OFFICE (5-018 SANGER HALL). YOUR WORK WILL BE PUT IN YOUR BOX WHEN FINISHED. (**EXAMS WILL <u>NOT</u> BE PLACED IN BOXES**) UNLESS YOU HAVE SPECIFIED ON THIS SHEET THAT YOU WISH TO BE CALLED/E-MAILED WHEN IT IS READY. (WE WILL NORMALLY DO THIS ONLY FOR DEADLINE MATERIALS).

Individual Requesting:	
Date Submitted:	
Project/Course #:	Copy Code:
Deadline (Date Needed):	
Please Call/E-mail When Ready (Phone Extension/E	-mail Address):
No Deadline (Within 3 Days):	
Priority: PLEASE CHECK TYPE OF WORK SUBMITTED. TWORK WILL BE DONE IN THE ORDER GIVEN UNLESS SPEREQUESTING THAT WORK BE COMPLETED OUT OF PRIOREXCEPTION BELOW.	CIAL CIRCUMSTANCES EXIST. IF YOU ARE
REASON:	
Examination C.V. updates (unless special circumstance) Correspondence (external)	Lecture syllabi Internal (on-campus) correspondence Other dept. related items (specify below)
COPYING (FILL IN AS APPLICABLE):	
NUMBER OF PAGES TO BE COPIED NUMBER OF COPIES NUMBER OF PAGES TO BE SCANNED	
SPECIAL INSTRUCTIONS (STAPLE, TWO-SIDE)	D, E-MAILED, ETC):
INSTRUCTIONS FOR DISTRIBUTION:	
MOTROCITOTO I OR DISTRIBUTION.	
	For Office Use Only Date Completed: By: Disk/Email:

Copy to Requestor: _____