**SEMTE Copy Request Form**

**\*Please email completed form to** **SEMTE@asu.edu****.**

**Name:** Click here to enter text. **Today’s date:** Click here to enter text.

**Date & time needed:** Click here to enter a date.

**Number of copies:** Click here to enter text.

Paper: [ ]  White [ ]  Color (please specify) Click here to enter text.

Print: [ ]  One-side [ ]  Two-sided

[ ]  Collate [x]  Separate

[ ]  Staple
[ ]  3-Hole Punch

**Special Instructions:** Click here to enter text.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Work Completed By:** Click here to enter text. **Date:** Click here to enter text.

**If you have any questions, please call 480-965-2335. Thanks!**