**SEMTE Copy Request Form**

**\*Please email completed form to** [**SEMTE@asu.edu**](mailto: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  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!**