

Reproduction Request Form

Patron Name _____ Request Date _____

street address or WU campus box, city, state, postal code, country (if not in U.S.)

email

phone

Patron must complete and sign the **Patron Information Form** (or have one on file) and read and agree to abide by the **Materials Use Policies** before submitting reproduction request.

Collection ID or Book Call No.	Collection Name or Book Title	Series Name/No. or Book Author	Box/Folder Nos. or Item	Staff Use

See [Fee Schedule](#) for applicable costs related to type of reproduction and delivery.

Type of reproduction:

photocopies digital files audio/video
 oversized documents other

Delivery instructions:

CD or DVD dropbox e-mail
 own USB drive U.S.P.S. International/alt.
 pick up campus mail other (ask curator)

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Special instructions (e.g. file type, resolution):

For Staff Use

Payment: Cashnet Check N/A Date Rec'd: _____ Invoice #: _____

WU Inter-Dept. Billing # _____ Staff contact name/email: _____

Total provided: copies new digital existing digital a/v oversized other by vendor