REPRODUCTION ORDER FORM

Name: __________________________________________________________

Organization/Agency (as applicable): __________________________________

Phone: __________________________ Email: __________________________

Address: _________________________________________________________

City: ___________________________ State: _______ Zip Code: ______________

Planned use of the material: _________________________________________

______________________________________________________________

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I have read and will abide by the terms outlined above.

Signature of Requestor: ___________________________ Date: ___________________
# ITEMS REQUESTED

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**Deadline Date:** (Orders are generally completed in 10 working days)

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FOR STAFF USE

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- File Format (jpg, tif)
- Reproduction Fees
- Service Fees
- Rush fees (if needed in fewer than 10 working days)
- Other fees

**TOTAL AMOUNT DUE:**
TWO EXAMPLES

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