REPRODUCTION REQUEST

APPLICANT INFORMATION (please print)

Last name: ____________________________ First: ____________________________

Affiliation:  □ SLU Faculty/Staff  □ SLU Student  □ SLU Alumni/ae  □ SLU Dept.  □ Visitor

Saint Louis University Departments Only:  Banner IDO Number ____________________________

I have read and agree to the “Terms and Conditions” (see reverse) under which reproductions of the specified materials will be provided to me.

Signature: ____________________________ Date: ____________________________

PREFERRED DELIVERY METHOD

□ Notify me for pick up at (phone or email): ____________________________________________

□ Mail to: ________________________________________________________________

Fulfillment time is 3–6 weeks. If needed sooner, please advise: ____________________________

ITEM TO BE REPRODUCED

Intended Use:  □ Private study, presentation or display  □ Print or web publication

Books (attach additional sheets as necessary – one reproduction format per request form)

Author: ____________________________ Title: ____________________________

Call # or shelf mark: ____________________________ Pages: ____________________________

Archival material, photos, or other (attach additional sheets as necessary – one reproduction format per request form)

Collection / Box / Folder: ____________________________

Item(s): ________________________________________________________________

FORMAT (SEE FEE SCHEDULE) (one reproduction format per request form)

□ Photocopy (suitable materials only)  color / b&w

□ Medium-resolution JPG

□ High-resolution scan

□ Digital conversion of audio-visual materials

□ Photographic prints:  color / b&w  size: ____________________________

rev. 11/17/09
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BELOW FOR INTERNAL USE ONLY

APPROVAL

Initials _____ Date _____

ADDITIONAL NOTES

SPECIFICATIONS

☐ Resolution: ________________
☐ Image correction
☐ Image cropping

FILE DELIVERY

☐ Internal Date Needed: ________________
☐ CD / DVD
☐ Network Drive:

INVOICE

<table>
<thead>
<tr>
<th>No. Reproductions</th>
<th>Unit Cost</th>
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| | Subtotal: |
| | Subtotal: |
| | Subtotal: |
| | CD/DVD: |
| | Shipping/Handling: |
| | Total: |

| | Payment: |
| | Balance Due: |

NOTIFIED/SHIPPED

Initials _____ Date _____