

Scanning Request Form

Date: _____

The Center for Teaching and Learning will consider the request based on the information provided below. This form must be completed before any work can be stated. Please print and use detail.

Note: The CTL is not held responsible for any files lost. The requester must have a back up second copy.

First & Last Name: _____

Department: _____ Phone #: _____

E-mail _____

How will this project be used in the classroom or field? _____

Description: Article Book Catalog Form Handout Image journals
 News Letter Magazines Manual Newspapers Picture Report

Page Numbers: _____

Scan Type: Black & White Color Gray Scale

Resolution: 72 96 150 300

Save As: Excel GIF HTML JPEG OmniPage PageMaker PDF
 Photoshop Rich Text TIFF Word Word Pad WordPerfect

You have provided: Compact Disc 3 1/2 floppy drive Zip 100 ZIP 250

Comment: _____

Note: Depending on the number of pages or images this request could take up to two weeks.

Signature: _____ Date: _____

Office Use Only

Work Assign to: _____

Work Started: _____ Work to be Completed: _____ Work Completed: _____