Application for Duplication of Closed Collection Materials

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Signature of Researcher: ________________________________ Date: ___________
Researcher Name (please print): _______________________________________________________
Collection Name & Number: _____________________________________________________________________________
Book Title & Call Number: ____________________________________________________________

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<th>Box #</th>
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<th>Series &amp; Folder Title</th>
<th>Description of Item/Book Pages to Copy</th>
<th>Date of Item</th>
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**TOTAL**

**Type of Duplication**

- Photocopy
  - B&W
  - Color
- Document Scan
  - B&W
  - Color
- Audio
  - Audiocassette to audiocassette, standard
  - Audiocassette to CD
  - CD to CD
- Video
  - VHS to VHS
  - VHS to DVD
  - DVD to DVD

- Image Scan (complete specifics below)

  **Scan Type:**
  - Color
  - Grayscale
  - TIFF
  - JPEG
  - Other

  **Special Instructions:** ____________________________________________________________

  **Intended usage:** __________________________________________________________________

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