

PHOTOCOPYING REQUEST FORM

NAME:	
ID NUMBER:	COURSE/MAJOR:

DIVISION/OFFICE:

- | | |
|--|---|
| <input type="checkbox"/> GRADUATE SCHOOL | <input type="checkbox"/> LAW SCHOOL |
| <input type="checkbox"/> COLLEGE | <input type="checkbox"/> HIGH SCHOOL |
| <input type="checkbox"/> ELEMENTARY SCHOOL | <input type="checkbox"/> FACULTY |
| <input type="checkbox"/> PERSONNEL | <input type="checkbox"/> OTHERS (specify) |

MATERIALS TO BE USED:

- | | |
|--|--|
| <input type="checkbox"/> REFERENCE MATERIALS | <input type="checkbox"/> THESES |
| <input type="checkbox"/> SPECIAL COLLECTIONS | <input type="checkbox"/> PERIODICALS/SERIALS |
| <input type="checkbox"/> OTHERS (specify): | |

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