PHOTOCOPIED REPRODUCTIONS ORDER FORM

RESEARCHER'S NAME (PRINT) ____________________________________________

RESEARCHER'S ADDRESS

CITY __________________________ STATE _______ ZIP ________________

WORK TELEPHONE (____) __________________ HOME TELEPHONE (____) ____________________

EMAIL ADDRESS: _____________________________________________________________

RESEARCHER'S NAME (SIGNATURE) __________________________ DATE ________________

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Please contact staff and describe your request before sending order forms. You will then be contacted by a staff member to discuss your request. Please do not send any form of payment until you are first billed by staff for any orders.

<table>
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<tr>
<th>Flag #</th>
<th>Collection, Box &amp; Folder # or Call #</th>
<th>Item Description</th>
<th>Item Date</th>
<th># of Pages</th>
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Total Number of Photocopies from Back

Total Number and Cost of Photocopies

Cost of Postage and Insurance

Total Cost

RETRIEVAL: _________ Will Wait _________ Will Pick Up _________ Please Mail

ORDER TAKEN BY: __________________________________________
(STAFF MEMBER'S NAME)

RE-FILED BY: __________________________________________ DATE: ________________________
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**TOTALS TO CARRY FORWARD**

**Patrons who have questions concerning photocopy requests and cannot request photocopies in person can contact us:**

Fax Number: 252-328-0268

Telephone Number: 252-328-6671

Email address: specialcollections@ecu.edu

Mailing Address: Special Collections Department, J. Y. Joyner Library, East Carolina University, Greenville, NC