



Registered Student Organization (RSO) Copy/Print Request Form

Student Organization Name _____

Today's date _____ Date needed _____

Contact person _____ LCC email _____

Number of copies requested _____ Black/White Color

Please check one of the following:

- Will pick up
 Would like copies delivered to an on campus location (building/room) _____

Copy Options:

- 1-sided to 1-sided stapled
 1-sided to 2-sided folded
 2-sided to 1-sided
 2-sided to 2-sided

Additional Information:

Note:

- Please allow (3) working days for processing.
- 100 copy limit per request.
- **Advisor's contact information is required on all flyers.**

RSO Signatures:

Officer _____ Date _____

Advisor _____ Date _____

Office Use:
Copies Completed by _____ Date _____

Student Life: GB 2202