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) _________________________

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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 _____________________

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Student Life: GB 2202