

## Slide Scanning Request

|  |                                   |   |              |             |   |
|--|-----------------------------------|---|--------------|-------------|---|
| Requester Name & <b>Course Number</b>  |                                   |   | Date Ordered | Date Needed |   |
| Email  |                                   |   | Phone        |             |   |
| Please circle:   | ART HISTORY                       | Faculty                                     | Student      | UG          | G |
|  | OTHER DEPT.                       | Faculty                                     | Student      | UG          | G |
| Number of slides   | <input type="checkbox"/> 1 - 50   | <b>one week</b> delivery time               |              |             |   |
|  | <input type="checkbox"/> 51 - 75  | <b>two week</b> delivery time               |              |             |   |
|  | <input type="checkbox"/> 75 - 100 | <b>three week</b> delivery time             |              |             |   |
|  | <input type="checkbox"/> 100 +    | delivery time determined at time of request |              |             |   |
| Slides must be accompanied by at least the following data: <b>creator, date, title, and location</b> |                                   |   |              |             |   |

Please attach this form to your box of slides and leave on the request table.  
Thank you.

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