

LAKEHEAD UNIVERSITY PRINTING REQUEST
 OFFICE: RB0001 TEL: 343-8409 FAX: 807-343-8023
 EMAIL: printing@lakeheadu.ca

Department:	Date:
Budget Code:	Job Title - or : Course Title:
Authorized By:	No. of Originals:
Contact phone #:	No. of Copies:

Print Request Basic Requirements

Single sided	3 hole punch	
Back to Back	Cut	
Gather	Fold	
Staple – top-left		

Other Requirements (Inserts, Bind, laminate, number, covers, colored paper)

EXAM INFORMATION

COURSE TITLE:	EXAM DATE:
Number of Students:	Instructor:
	Exam Location:

DATE REQUIRED:	RECEIVED BY:
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OFFICE USE ONLY

OPR	CODE	UNITS	OPR	CODE	UNITS