

Duplication Request

Name (please print)	Type of request Photocopies or low-res scans High-res copies item in catalog item not in catalog Method of delivery Pick up at ASI Mail Electronic delivery Catalog view only If applicable, invoice will be sent upon receipt of this form. Please see price list: https://ualr.edu/cahc/files/2019/03/duplication-charges.pdf
Mailing address	
City, State, Zip Code	
Telephone	
Email address	
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