

Renaissance Authorization Form

NAME _____
 DEPT. PSYCHOLOGY
 ADDRESS 406 SCHERMERHORN HALL
 PROFESSOR _____
 DATE NEEDED _____
 TIME NEEDED _____

Invoice # _____
 Please charge to:
 RESEARCH _____
 COURSE# _____
 DEPARTMENT _____

NUMBERS OF ORIGINALS	COPIES NEEDED	TOTAL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAPER SIZE

- | | |
|------------------------|----------------------------------|
| (1) ___ 8 1/2 x 11 | (3) ___ 8 1/2 x 14 |
| (2) ___ 8 1/2 x 11 (L) | (4) ___ Other _____
(specify) |

INSTRUCTIONS

- | | |
|-----------------------|------------------------|
| (1) ___ One side only | (4) ___ Staple |
| (2) ___ Back to Back | (5) ___ Reduce _____% |
| (3) ___ Collate | (6) ___ Enlarge _____% |

SPECIAL INSTRUCTIONS

RECEIVED BY

RESEARCH AUTHORIZED SIGNATURE

DEPARTMENT AUTHORIZED SIGNATURE

NOTE: RESEARCH (GRANT RELATED)