



### DUPLICATION REQUEST FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Needed \_\_\_\_\_

**DUPLICATION REQUESTS MUST BE SUBMITTED 48 HOURS BEFORE THEY ARE NEEDED.**

**DUPLICATION REQUESTS MUST HAVE PRIOR ADMINISTRATIVE APPROVAL.**

Approved \_\_\_\_\_ Date \_\_\_\_\_

Not Approved \_\_\_\_\_



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