

JAMES A. GIBSON LIBRARY
Photocopy Services
Scanning Request Form

Date: _____ Needed By: _____

Name: _____

Telephone number: _____ Dept.: _____

Email address: _____

Payment Method (due upon completion of scan job):
 ☐ Cash ☐ Cheque Account # _____

Source Document:

___ Photo

___ Images and Text

___ Text

Number of Pages: ____

Output:

___ Photoshop file (.psd)

___ Adobe Acrobat PDF

___ .jpg .gif .bmp (circle one)

___ Microsoft Word or Powerpoint (circle one)

___ Editable Text (using Optical Character Recognition – OCR)

Please see over ⇒

Output Quality:

☐ Low (low resolution; smaller image size)

☐ Medium (better resolution; larger image size)

☐ High (best resolution; largest image size)

Delivery Method:

☐ Email (files under 1mb)

☐ Disk: Floppy Disk / Zip Disk (100mb) / Recordable CD (circle one)

☐ I will purchase a CD-R for X\$

Please Read:

Disclaimer that is in the brochure goes here.

Signature_____Date_____

Scanning is done on a first-come, first-served basis.

Brock University