

Oral History Copy Order Form

Patron Name: _____ Date of Request: _____

Mailing Address: _____

Photocopy Request - specify Transcript, Abstract, or Supplementary Material

OH #	Item Title or Description	Special Instructions	# of pages
	_____ pages @ \$.25		
	Service charge		\$10.00
	SUBTOTAL		

Recording Request - verify recording quality

OH #	Title or Description	Special Instructions	# of tapes
	Number of tapes at \$3 each ____		
	(Recordings will be provided on CDs)	Number of CDs at \$10 each ____	
	SUBTOTAL		

SUMMARY OF CHARGES

Photocopy subtotal	
Recording Copy subtotal	
Service Charges	
Additional shipping	
TOTAL	

For Office Use Only		
Payment Received: _____	Order completed by: _____	Mailed on: _____