

REPROGRAPHICS/PRINT SHOP
 36 // & 3 . ' % 1 3 0 (3 " .
 Pin # Add/Change Request Form

CSU Baker



Department Name: _____

Dept. Head: _____ Signature of Dept. Head: _____

Requested by: _____ Email: _____ Ext. #: _____

Copier location(s) most commonly used by department:

' 6 / %	% & 1 5	* %	" \$ \$ 0 6 / 5	PROGRAM	PROJECT
				CLASS	

T New PIN #: _____ **T** Change or modify PIN #: _____ **T** Delete an existing PIN #: _____

Assigned to: _____ Email: _____ Ext. #: _____

Comments:

CSU Bakers eld
 REPROGRAPHICS USE ONLY

LOGISTICS SERVICE TECHNICIAN

New Pin # _____

E ective Date: _____

Location: _____

 Logistics Service Technician Signature

Location# _____

Notes _____

Location: _____

Location# _____

Location: _____

Location# _____