

OREGON HEALTH AND SCIENCE UNIVERSITY

STUDENT/NON-DEPARTMENTAL COPY CODE REQUEST FORM

PLEASE READ THE FOLLOWING INFORMATION

The Copy Center at Oregon Health and Science University issues Non-Departmental copy codes to students and organizations within the campus community. Copier charges (usage and paper) are billed on a monthly basis to the student or organization.



Failure to properly fill out the following form will result in the denial of a copy code. Please fill in the blank lines, and provide the address that you would like you billing statement sent to.



STUDENTS

WHERE: _____ GRADUATION MONTH/YEAR: _____

NAME: _____ SOCIAL SECURITY NO: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ Zip Code: _____

HOME PHONE NO: () _____ EMAIL: _____

***COPY CODE NUMBER: _____

***Your copy code should be a combination of the first 3 letters of your last name, the last 4 digits of your SSN and the 1st initial of your first name. Example: ABC1234D

If you forget or lose your copy code you will need to show personal identification in order to get any information concerning your copy code.

I am responsible for any and all copying charges related to this copy code until it has been canceled from the OHSU's system. I understand that cancellation requests must be in writing, signed and dated by the liable copy code holder.

Questions??? Please call the Copy Center @ 503-494-5156 or Fax @ 503-494-5738 or Mail code L330

I have read and understand all of the provisions listed above for obtaining a Copy Center copy code with Oregon Health and Science University. I agree that I am liable for ALL copy charges and any collection fees that may occur related to my copy code number until all fees have been paid and the code has been removed from the system. **ALL OUTSTANDING BILLS MUST BE PAID PRIOR TO REGISTRATION EACH TERM!** If a company/institution has agreed to pay my charges, I agree that if they do not pay these charges within 90 days of being incurred, I WILL be personally financially responsible for all outstanding charges.

Signature

Date