

Scantron Form Order Request

University Community Testing Services * Clark Howell Hall * 706-542-3183

Today's Date: _____

Contacts and Billing

Professor/ Instructor: _____ Email Address: _____

Campus Mail Address: _____

College: ☐ Franklin ☐ Other: _____ Department: _____

If not Franklin College:

Billing Contact: _____ Email Address: _____

Order Information

Form	Quantity	Cost	Total
Form 221666 (Pack of 500)		\$80.00 each	
Form 229633 (Pack of 500)		\$80.00 each	

Delivery Options

Select one:

☐ Department pickup in Clark Howell Hall

☐ Campus Mail

By requesting the above forms from University and Community Testing Services, I understand that my department will be charged as described above and that I am authorized to incur these charges.

Signature: _____ Name (Print): _____