

U of L Printing Services

THESIS BOOKBINDING REQUEST

Name: _____ Date: _____

Telephone Bus: _____ Home: _____

Email: _____

Title to Appear on Spine

(Maximum length of 41 characters including spaces)

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Author's Name to Appear on Spine

Year

Author's Name to Appear on Spine	Year

Number of Hard Bound Volumes: _____

Colour of Cover: _____

Date for Pick-Up: _____

Additional Request / Return Address

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PLEASE NOTE – Printing Services cannot be held responsible for any inaccuracy in your text matter, by signing below, you are confirming that the information is correct.

Authorizing Signature