



Office of Evaluations and Examinations
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Scantron Request Form

Date: _____

Name: _____

Department: _____

Room & Building: _____

Campus Zip: _____

Phone: _____

Uniquename: _____

Legacy Account (short code): _____

Type of Sheet

Number of Sheets

130-question, 5-choice (U-M Standard form): _____

200-question, 5-choice: _____

120-question, 10-choice: _____

Bubble Publishing: _____

For E&E use only:

Order taken by: _____ Completion date: _____