



UNC CHARLOTTE

# Copy Center System Registration

Type the information into the appropriate fields on this form and print. The signature of the department head is required at the bottom of the form. Once the form is signed, it may be faxed to the Copy Center at 704-687-4192. The Copy Center will contact new users to let them know when they are registered.

Name: \_\_\_\_\_ , \_\_\_\_\_  
Last First

Email: \_\_\_\_\_ @uncc.edu

Office Phone: (704) 687- \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City of Birth (for authentication purposes): \_\_\_\_\_

Name: \_\_\_\_\_ , \_\_\_\_\_  
Last First

Email: \_\_\_\_\_ @uncc.edu

Office Phone: (704) 687- \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City of Birth (for authentication purposes): \_\_\_\_\_

Name: \_\_\_\_\_ , \_\_\_\_\_  
Last First

Email: \_\_\_\_\_ @uncc.edu

Office Phone: (704) 687- \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City of Birth (for authentication purposes): \_\_\_\_\_

Department Head Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Phone: 704.687.2054

Fax: 704-687-4192

