


# uPrint 3D Printing Submission Form

PLEASE FILL IN ALL THE INFORMATION REQUIRED IN LEGIBLE HANDWRITING.

### SUBMITTER INFORMATION

Name: \_\_\_\_\_ Affiliated ID#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

### DEPARTMENT INFORMATION (all required)

Authorized By: \_\_\_\_\_ Department: \_\_\_\_\_  
 Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Account#: \_\_\_\_\_  
 **Authorizing Signature:** \_\_\_\_\_

### PROJECT INFORMATION

### LAB USE ONLY

Qty	File Name (only 1 file per row)	Scale (choose one)	
		mm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm in	<input type="checkbox"/> P <input type="checkbox"/> R
		mm in	<input type="checkbox"/> P <input type="checkbox"/> R

\*If you have more pieces than there are lines please continue the list on the back of the form.

	Model Material (cu.in.)	Support Material (cu.in.)	Model + Support (cu.in.)	
<b>TOTALS:</b>				\$

### DESIRED INFILL DENSITY

Sparse - Low Density

Sparse - High Density

Solid

PLEASE READ THE FOLLOWING BEFORE CHECKING THE BOXES & SIGNING BELOW.

- I agree to the terms and conditions for 3D printing located on the Digital Lab wiki-page.
- I acknowledge that depending on the print queue, projects may take as long as **7 business days** to be completed.

### CUSTOMER SIGNATURE

### END OF CUSTOMER SECTION

### LAB AIDE USE ONLY

Name of Lab Aide: _____  Notes:	Print Date:	
	Pick Up Date:	
	Charged?	