BSU Printing Account Services
Adjustment Form

Your PAS account will be adjusted only if defective pages are attached.

Last Name:____________________________ First Name:____________________________

BSU User Name:________________________ Date Printed:_________________________

Location Printed:________________________ Circle on e:        P1      P2       Color

Number of Pages:_______________________ Circle one:       Double Sided     Single Sided

Description of Problem:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student Signature   Today’s Date
____________________________________________

Student Worker (PRINT)  Today’s Date

(PAS Administrator use only below line)

Action taken:___________________________________________________________________

__________________________________

PAS Administrator  Today’s Date
________________________________

Return the signed form with damaged pages to
Information Technology Computing Support Services
Support Counter
(Moakley Center, Room 130C)
(Maxwell Library, Ground floor)