

CENTRAL COPYING OFFICE

FOR COPY ROOM USE ONLY

Date Request Received: _____
Date Request Completed: _____

NEWARK CENTRAL SCHOOL DISTRICT COPY REQUEST FORM NON-TEACHING STAFF


Date Request Submitted: _____

Non-Teaching Staff Member Requesting Copies: _____

Building: _____

Number of Copies Requested: _____

CHECK APPROPRIATE BOX FOR COPY STYLE DESIRED.

- | | |
|--|--|
| <input type="checkbox"/> Single-Sided Copies Only | <input type="checkbox"/> Uncollated |
| <input type="checkbox"/> 1 Sided to 2 Sided Copies | <input type="checkbox"/> Stapled |
| <input type="checkbox"/> 2 Sided to 2 Sided Copies | <input type="checkbox"/> Paper-Punched |
| <input type="checkbox"/> Collated | <input type="checkbox"/> Special Size or Colored Paper (Please Provide) |
| <input type="checkbox"/> Color Imaging  | <input type="checkbox"/> Portrait or Landscape |



PLEASE PAPERCLIP ALL ORIGINALS TO BE COPIED



Rush (Exact Date Needed By ____/____/____)

PLEASE ALLOW 3 SCHOOL DAYS FOR RUSH REQUESTS. PRIORITIZE IF SEVERAL JOBS.

Regular (Exact Date Needed By ____/____/____)