NEWARK CENTRAL SCHOOL DISTRICT
COPY REQUEST FORM
TEACHERS AND GROUP LEADERS

Date Request Submitted: __________________________

Teacher Group Leader Requesting Copies: __________________________

Building: ____________________

Number of Copies Requested: ___________________

TGL: ___________________________________  ______  ___________________________________  ______

______________________________________________  ______  ___________________________________  ______

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CHECK APPROPRIATE BOX FOR COPY STYLE DESIRED.

☐ Single-Sided Copies Only  ☐ Uncollated
☐ 1 Sided to 2 Sided Copies  ☐ Stapled
☐ 2 Sided to 2 Sided Copies  ☐ Paper-Punched
☐ Collated  ☐ Special Size or Colored Paper (Please Provide)
☐ Color Imaging  ☐ Portrait or Landscape

PLEASE PAPERCLIP ALL ORIGINALS TO BE COPIED

☐ Rush (Exact Date Needed By _____/_____/_____

PLEASE ALLOW 2 TO 3 SCHOOL DAYS FOR RUSH REQUESTS FOR SMALLER PROJECTS.

LARGE VOLUME COPYING FOR NUMEROUS DEPARTMENT MEMBERS, HOWEVER, NEED TO BE SENT IN
INCREMENTS OF THE MOST URGENT FROM THE BEGINNING OF THE PROJECT, AS THERE ARE OTHER COPY
PROJECTS IN PROGRESS AND WILL BE DONE IN THE ORDER THEY ARE RECEIVED.

☐ 1 Week (Exact Date Needed By _____/_____/_____)

☐ Within 2 Weeks (Exact Date Needed By _____/_____/_____)

☐ Within 3 Weeks (Exact Date Needed By _____/_____/_____)

FOR OFFICE USE ONLY
Date Request Received: _____________

Date Request Completed: _____________