

NEWARK CENTRAL SCHOOL DISTRICT COPY REQUEST FORM TEACHERS AND GROUP LEADERS

FOR OFFICE USE ONLY
Date Request Received: _____
Date Request Completed: _____

Date Request Submitted: _____

Teacher Group Leader Requesting Copies: _____


Building: _____

Number of Copies Requested: _____

TGL: _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 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 ____/____/____)