

REQUEST FOR PHOTOCOPYING

Name _____ School _____ Subject _____

Number of Copies _____ Number of Originals _____ Size of Paper: 8-1/2 x 11 8-1/2 x 14 11 x 17

Job Title: _____ Today's Date: _____

Date Needed: _____ (Turn-around times appear below)

PLEASE SIGN IN ONE OF THE SPACES BELOW (WHICHEVER APPLIES), CLIP TO MATERIAL TO BE COPIED, AND FORWARD TO APPROPRIATE ADMINISTRATOR FOR APPROVAL AND PROCESSING.

I certify that this request complies with existing copyright laws and Board of Education policy #6157.

X _____
Signature

This request requires the written permission of the publisher. I certify that the attached copy of the authorization is in compliance with existing copyright laws.

X _____
Signature

ADMINISTRATIVE REVIEW

Principal / Coordinator / Chairperson Signature X _____

Assistant Superintendent (Operations) Signature X _____

ADDITIONAL INFORMATION

Paper: Regular Paper Color: _____

Three-Hole Punch

Cardstock Cover Color: _____

Inside Page(s) Color: _____

Reduction % _____

Enlargement % _____

Features: One-sided Copies _____

Two-sided Copies _____

Collate _____

Staple _____

Bind _____

Fold _____

(Booklets, Programs-Max. 25 sheets)

Staple _____

(Saddle Stitch—2 staples in fold)

Special Instructions: _____

FOR MAILROOM ONLY:

Run Time _____ Work Completed _____

Signature _____

TURN-AROUND TIMES *(exclusive of administrative review)*

3 Business Days: General classroom and office copying

6 Business Days: General classroom and office copying which requires layout and design: **NOT camera ready**

6 Business Days: Booklets and programs (**Not more than 3 sheets plus cover**) includes layout and design

10 Business Days: **MID-TERM/FINAL EXAMINATION PERIODS**

15 Business Days: **BOOKLETS IN EXCESS OF 3 SHEETS PLUS A COVER OR THOSE DOCUMENTS WHICH REQUIRE COPYING AND BINGING AND FOLDING WITH OR WITHOUT SADDLE STITCH**

15 Business Days: Summer months