

Laurel Public Schools Copywork Request

Your copy request will be returned to you within three to five school days after it is received at the printing facility.

NAME _____ STAFF ID NUMBER _____

DATE _____ SCHOOL/BUILDING _____

NUMBER OF COPIES _____

Indicate your copy preferences below

_____ One-Sided

_____ Legal Size (8 1/2 x 14"-long paper)

_____ Two-Sided

Cut: ___1/2___1/3___Other

_____ Uncollated (grouped 111,222,333)

Fold: ___1/2___1/3___Other

_____ Collated (sets 123, 123, 123)

_____ Stapled (Upper Left corner)

_____ Stapled (Booklet – 2 staples on left edge)

_____ 3-Hole Punch

_____ White Paper

Color Choices (use color for special projects only)

Circle your choice

Colored Regular Weight Paper

Colored Regular Weight Bright Paper

Heavy Card Stock

Gold
Lavender

Blue
Red
Dark Green
Bright Green
Pink
Yellow
Purple
Orange

White
Red
Blue
Dark Green
Bright Green
Pink
Orchid (Lavender)
Purple

Orange
Gray
Ivory
Gold
Black
Yellow
Tan

SPECIAL INSTRUCTIONS: _____

My signature confirms that I am in compliance with all the Copyright, Trademark, and Registered Trademarks laws: _____ (all copy work will be returned for signature)

Date Received at printing facility: _____ Date Complete: _____ By: _____