

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 ½ 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

Purple

Pink

Blue

Red

Dark Green

Bright Green

Orange

Yellow

Gold

Lavender

Heavy Card Stock

White

Red

Blue

Dark Green

Bright Green

Yellow

Orange

Purple

Pink

Gold

Black

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: _____