PITTSFORD CENTRAL SCHOOLS

PRINT CENTER REQUEST

Request Date: _____ Date Needed: _____

Request Title: _____

Copy Prepared and Proofread By: _____

School: _____ Telephone No.: _____

DELIVER TO: **_____ Email: _____**

_____

Quantity: _____ # of Pages: _____

One-sided ☐ Two-sided ☐

Uncollated ☐ Collated ☐

Black & White (Min. 1000) ☐ Full Color (Min. 250) ☐

Paper/Color/Type: _____

Carbonless Forms (circle one) 2 3 or 4

#10 envelopes (circle one) plain window

3 Hole Punch ☐

Staple: upper left ☐
side stitch ☐
saddle stitch ☐
comb bind ☐

Fold: single ☐
letter ☐
special ☐

Size of Paper: 8 ½ x 11 ☐
8 ½ x 14 ☐
11 x 17 ☐
12 x 18 ☐

SPECIAL INSTRUCTIONS

_____
_____
_____
_____

_____ _____
Principal's Signature or Appropriate Administrator's Signature ***Date***

**** This form must accompany <u>all requests</u> and be <u>signed</u> and dated by the building principal or appropriate administrator.**

****** Requests <u>must be received at least 2 days in advance.</u>***
For major printing tasks, <u>allow 2 weeks</u>.

Questions regarding a print request, please call or email
CATHERINE RIZK (267-1086)
catherine_rizk@pittsford.monroe.edu / print_shop@pittsford.monroe.edu

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