

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: _____	Staple: upper left ___
One-sided ___	Two-sided ___	side stitch ___
Uncollated ___	Collated ___	saddle stitch ___
Black & White (Min. 1000) ___	Full Color (Min. 250) ___	3 Hole Punch ___
Paper/Color/Type: _____		comb bind ___
Carbonless Forms (circle one) 2 3 or 4		Fold: single ___
#10 envelopes (circle one) plain window		letter ___
		special ___
		Size of Paper: 8 1/2 x 11 ___
		8 1/2 x 14 ___
		11 x 17 ___
		12 x 18 ___

SPECIAL INSTRUCTIONS

Principal's Signature or Appropriate Administrator's Signature

Date

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

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

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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