



**If print request is not filled out completely, it may be returned to requester.
 PLEASE SPECIFY A DATE MATERIALS ARE NEEDED.**

Please write legibly.

Date of Request: _____

School/Department: _____

Contact Person: _____ Ext. _____

Project Name: _____

Date Material Needed: _____

- Select One:**
- Original Attached (print as is)
 - Changes Needed (changes attached)
 - New Artwork/Design Needed (ideas attached)
 - Original on file in Community Services

Quantity: _____
 (if pads are being requested, state number of pads and number of sheets per pad, 50 or 100)

Print: One-Side Two-Sided **Fold:** No Yes _____

Paper Color: _____

Paper Size (after cutting, if necessary):

- 8½ x 11 11 x 17 8½ x 14
- 4¼ x 5½ (postcard) 5½ x 8½ (half sheet) Other _____

Paper Type:

- Bond Weight Cardstock Transparency
- 2 Part NCR 3 Part NCR 4 Part NCR
- Other: _____

Finishing: Staple 3-Hole Punch GBC (plastic comb) Tablet/Pad

Approved by: _____

For Community Services Department Use Only:	
Date completed: _____	By: _____