



Lawrence Public Schools Production Center Request Form

Today's Date: _____ Due Date: _____

Contact Name: _____

Contact Email: _____ Phone Number: _____

Department / School: _____



Please Email documents in PDF format to:

graphics@lawrence.k12.ma.us or melissa.vanderveer@lawrence.k12.ma.us

Please select choices below

Original Provided by: **Hard Copy** **Email Attachment** **CD / USB**

Number of Original Pages: _____ Number of Copies/Sets: _____

Paper
<input type="checkbox"/> 8.5x11
<input type="checkbox"/> 8.5x14
<input type="checkbox"/> 11x17
<input type="checkbox"/> Card Stock

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Double Sided | <input type="checkbox"/> Single Sided |
| <input type="checkbox"/> Booklet | <input type="checkbox"/> Stapled |
| <input type="checkbox"/> Collate | <input type="checkbox"/> Box |
| <input type="checkbox"/> Shrink Wrap | <input type="checkbox"/> Elastic |

Special Instructions: _____

Please note: The copy center cannot reproduce copyright material unless given consent from the publisher/author.

I agree to provide the materials needed for this request. I will reimburse the Production Center via a Purchase Order for the materials required, if I cannot provide them at the time of the request.

Principal's Signature: _____ Date: _____

Production Center Use Only

Materials Needed: _____

Date Sent: _____ Time Sent: _____ Copy of request sent to School Clerk: _____

Could not complete, returned to school: _____ Reason: _____

Please allow a 5 day turn around period for request. For more information call Ext: 39494