Copy request form for teachers

TEMPLATE

ABOUT THE REQUEST

Teacher * _____ Department or room * _____

Date sent * _____ Needed by, date and time * _____

Document title * _____ Pages in the original * _____

Copies * _____

HOW IT SHOULD PRINT

Paper size * ○ Letter ○ Legal ○ Ledger ○ Other

Sides * ○ Single-sided ○ Double-sided, long edge ○ Double-sided, short edge

Colour * ○ Black and white ○ Colour

Paper ○ Plain ○ Cardstock ○ Coloured paper

Collated ○ Yes ○ No

Finishing ☐ Staple ☐ Hole punch ☐ Fold ☐ Booklet ☐ Laminate ☐ Cut ☐ Bind

Collect or deliver ○ I will collect ○ Deliver to my room

Notes for the copy room

COPY ROOM USE ONLY

Filled in by the copy room, not the teacher.

Received by _____ Printed on, date _____

Printer _____ Shelf _____

Picked up _____

Free to copy, change and share.