Lamination request form

TEMPLATE

THE REQUEST

Filled in by the teacher.

Teacher * _____ Department or room * _____

Date sent * _____ Needed by, date * _____

What it is, such as posters or name cards * _____

What is needed * ☐ Laminating ☐ Comb binding ☐ Cutting

LAMINATING

Leave blank if nothing is laminated.

Sheets to laminate _____

Size ○ Letter ○ Legal ○ Ledger (11x17) ○ Smaller pieces ○ Other

Finish ○ Gloss ○ Matte ○ Whatever the copy room has

After laminating ○ Leave a clear edge ○ Cut out on the lines ○ Cut into cards

Originals attached or printed by the copy room ○ Originals attached ○ Please print them first

BINDING AND CUTTING

Leave blank if not needed.

Documents to bind _____

Cover ○ Clear front, plain back ○ No cover ○ Other

What to cut, and to what size

Anything else the copy room should know

BEFORE YOU SEND IT

- ☐ Allow at least a day: laminating and binding are done by hand, after the printing, often at another machine.
- ☐ Check spelling and dates first, because a laminated sheet cannot be corrected.
- ☐ Lay out small pieces on full sheets with a gap between them, so they can be cut out with a sealed edge.
- ☐ Write your name on the back of the originals, so they come back to you.

Free to copy, change and share.

COPY ROOM USE ONLY

Filled in by whoever does the hand work.

Received by _____ Started on _____

Done by _____ Done on _____

Sheets or documents used _____ Shelf _____

Teacher told ○ Yes ○ No

Picked up _____