



**COLOR**  
**COPY REQUEST**

- ❖ Fill in the form completely
- ❖ Obtain administrative signature
- ❖ Attach form with paper clip to your originals
- ❖ Send in interoffice envelope to BOCES Print Service
- ❖ You may send your original electronically. Call for directions.

Description of materials \_\_\_\_\_

DISTRICT \_\_\_\_\_ BUILDING \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

Date sent: \_\_\_\_\_ Date Required: \_\_\_\_\_ (allow 3 days)

# of masters _____ (each side counts as one master)	Collate <input type="checkbox"/> YES <input type="checkbox"/> NO
Copies per master _____	Staple <input type="checkbox"/> YES <input type="checkbox"/> NO
Total copies _____	Print on <input type="checkbox"/> 1 side <input type="checkbox"/> 2 sides

I, \_\_\_\_\_, certify that this request for reproduction  
(Requester signature)  
is in compliance with Copyright Law Title 17, U.S. Code

I approve this request for color copies at \$.10 per page

\_\_\_\_\_ (District approval signature)

Special instructions (ie cover page, special paper) \_\_\_\_\_

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This section will be returned with your copies. It must be completed.

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

Date received:

Date Completed: