

Waynesboro Area School District
Request for Copying

Name: _____

Date: _____ Copy Number: _____

School: _____

Name of form: _____

Quantity: _____

Date Needed: _____

(Please allow 3-5 days turn-a-round)

of originals

Special Instructions (Place an X if required)

Padded _____ Print One Side Only _____ Two Sides _____

Stapled _____ Cut _____ (size) _____

Punched _____ (Holes: _____) Collate _____

Paper Color _____ Folded _____

Other Instructions _____

Approved By: _____ Date: _____

Received in printing date: _____

Printed Date: _____ By: _____

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