



# 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:**  
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: \_\_\_\_\_

<b>Paper</b>
<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"/> Hole Punch   | <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: 68119