

LUBBOCK-COOPER ISD PRINT SHOP WORK AUTHORIZATION

Print Shop Use Only: Date Received _____ Completed by _____ Date _____

Name: _____ Campus: _____ Class/Organization: _____

Date Sent: _____ Date Needed: _____ Administrator's Signature: _____

Copyrighted materials will not be printed without administrator authorization.

Instructions: _____ Quantity or _____ sets of _____ _____ Color Copies _____ NCR

_____ Grouped _____ Collated _____ 1 Staple _____ 2 Staples _____ Folded _____ Padded _____ Cut _____ 3 Hole Drilled _____ Bound

**All documents will be printed front and back to save cost.*

Size: <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> 8.5 X 14 <input type="checkbox"/> 11 X 17	Material: <input type="checkbox"/> Card Stock <input type="checkbox"/> Paper	Color: <input type="checkbox"/> Pastel _____ <input type="checkbox"/> Bright _____
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Special Instructions: _____

***Be sure to include an account number or payment for any of the following: binding, padding, color copies, color paper or cardstock**

* CHECK IF APPLICABLE: Bill to: _____ Account #: _____

From the time the print shop receives the order, please allow a minimum of:

2 working days for copies only; 3 working days if binding, padding, collating, stapling, folding or 3 hole drilling is required.