



MOUNT VERNON
COMMUNITY SCHOOL DISTRICT

COPY CENTER REQUEST FORM

ext 2007 at Washington Elementary Chris Osborn cosborn@mountvernon.k12.ia.us

NOTE: WHEN SUBMITTING YOUR COPY CENTER REQUEST VIA **EMAIL**, IN THE SUBJECT LINE OF YOUR EMAIL PLEASE PUT 'COPY CENTER REQUEST' ALONG WITH YOUR LAST NAME AND TITLE OF DOCUMENT
Examples: Copy Center Request - Smith - ABC's, Copy Center Request - Jones - Final Geometry Exam

Your Name: **Date submitted** **Date needed:**

Your Building: **Washington Elementary** **Middle School**
High School **Bus Barn** **Supt Office**

Number of copies: **Stapled:** **Yes** **No**

OTHER OPTIONS:

1 to 2

2 to 2

Booklet (example: athletic or fine arts program) Send 8½ x 11 originals (or 5½ x 8½ originals)

Finished Size 5½ x 8½
 7 x 8½
 8½ x 11

Color Paper

Cardstock

Enlargement

Pages of Book to copy

Paper Size other than 8.5 x 11

Reduction

Scan (B&W output only, picture or document scanned to electronic file and emailed to you)

Scan output: No preference PDF jpg gif (for web)

Three-hole punch

Transparencies

Transparencies with interleaving

OTHER INSTRUCTIONS: