

EDUHSD Copy Center Order Form

Name: _____ School/Office: _____

Today's Date: _____ Date needed: _____

Number of COPIES: _____

Single Sided: _____

Back to Back: _____

Staple: _____

Uncollated: _____

Hole Punched: _____ (when available) Collated: _____

Cut in Half: _____ (when available)

As is: _____

Names of others needing the same print job:

1 _____ #of COPIES _____

2 _____ # of COPIES _____

THANKS / Have a wonderful DAY

If you do not use the submit button, please print, scan and submit a pdf version of your request to pcole@eduhsd.k12.ca.us