ASE PTA COPY REQUEST FORM

Name of Officer/Chair Requesting Copies: _____

Officer/Chair Contact Number: _____

Officer/Chair Email Address: _____

Date Requesting distribution in Shark Folder: _____

Alternative Date: _____

Number of Copies Needed: _____ (If this is for the entire student body, add 25 extra copies to have in the office)

Paper Color requested if other than white: _____

Special Requests:

Do you want this to be on half sheets?	Yes	No
Do you need to be contacted once complete?	Yes	No
Do you want copies made for staff?	Yes	No

Submit this form with the document you would like to be copied to ase.presidentpta@gmail.com for approval. Once approved, your document will be forwarded to our Copying Chair for further action.

Copied and Dispersed in Mailboxes by _____ Date:_____

Updated 6/2014