

COPYING REQUEST FORM

COMMITTEE: _____

NAME: _____

(Name of person making request)

Copies: All Students: _____ Students & Staff: _____

Youngest & Only: _____ Staff Only: _____

Other: _____

Date Needed: _____

Approved: _____ **#of copies** _____

- **All copies must be approved by PTA President(s) and Dr. Lowry.**
- **The office must get a copy of everything we send out.**
- **A copy of what goes out is also to be put in photocopying binder.**
- **Copies will be given to the office for distribution.**