

## PARENT ORGANIZATIONS/BOOSTER CLUBS' AUTHORIZATION FORM

Date Received by Department

Subject: Standard: Objective:

Site: Requested by: Ext.:

PLEASE PRINT FOR READABILITY

Budget Code: Request submitted without budget code will be returned to submitter. Principal/Administrator's Signature Date

The Principal/Administrator's signature on this document acknowledges he/she has read and examined the requested attached and/or electronically submitted publication and approves of its contents for distribution. AR 1230(d)

**Allow at least two weeks processing time from date needed.** Request received with the "Date Needed" left blank or with "ASAP" will be scheduled into production at the convenience of the Printing, Graphics and Mail Department. Request must be submitted with originals at time of submission (ie: hardcopy or electronic file in a capable format).

Job Title/Description – ONE JOB PER REQUEST	New (N) or Revised (R)	Number of Pages	Qty	Date Needed
	<input type="checkbox"/> N <input type="checkbox"/> R			

PRINT: ☐ B/W ☐ Color ☐ 1 Sided ☐ 2 Sided ☐ Collated ☐ Uncollated ☐ Print As-Is

FINISH SIZE	TYPE	COLOR	BINDERY/FINISHING
<input type="checkbox"/> 8 1/2 x 11 (Letter) <input type="checkbox"/> 8 1/2 x 14 (Legal) <input type="checkbox"/> 11 x 17 (Tabloid) <input type="checkbox"/> 12 x 18 (Extra Tabloid) <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 4 1/4 x 5 1/2 <input type="checkbox"/> Env.: <input type="checkbox"/> Ltr. <input type="checkbox"/> Reply <input type="checkbox"/> Flat <input type="checkbox"/> 6x9 <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Bond <input type="checkbox"/> Card/Cover <input type="checkbox"/> Astrobrite Text <input type="checkbox"/> Astrobrite Cover <input type="checkbox"/> Transparency/Clear Cover <input type="checkbox"/> Tabs (attach list of tabs) <input type="checkbox"/> NCR <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Envelopes: <input type="checkbox"/> Window <input type="checkbox"/> Plain <input type="checkbox"/> Other _____	<input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Canary <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> Goldenrod <input type="checkbox"/> Salmon <input type="checkbox"/> Lavender <input type="checkbox"/> Red <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Brite Yellow <input type="checkbox"/> Other _____	<input type="checkbox"/> Staple Upper Left (Portrait) <input type="checkbox"/> <input type="checkbox"/> Staple (Landscape) <input type="checkbox"/> <input type="checkbox"/> Staple Left (Long Edge 2 Staples) <input type="checkbox"/> <input type="checkbox"/> Staple Down Center (SBM) <input type="checkbox"/> <input type="checkbox"/> Fold: <input type="checkbox"/> Half <input type="checkbox"/> Tri <input type="checkbox"/> Cut to size _____ <input type="checkbox"/> Drill: # of Holes _____ (Max 3 holes) <input type="checkbox"/> Pad: sheets/pad _____ (Min. 25 Shts.) <input type="checkbox"/> Tape Binding <input type="checkbox"/> Coil Binding <input type="checkbox"/> Perfect Binding (Paper back) <input type="checkbox"/> Comb Binding <input type="checkbox"/> Label (Variable Data Printing) <input type="checkbox"/> Numbering: From _____ to _____ <input type="checkbox"/> Scoring <input type="checkbox"/> Perforating <input type="checkbox"/> Distribute to: _____ <input type="checkbox"/> Insert into Envelope (Call for instructions and Limitations, x1280)

**COVER(S) ON CARD STOCK** (check 1 sided or 2 sided, none checked = blank)

☐ B/W Printing ☐ Color Printing Indicate Paper Color \_\_\_\_\_  
☐ Front Cover: ☐ 1 sided ☐ 2 Sided ☐ Back Cover: ☐ 1 sided ☐ 2 Sided

Additional Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MAILINGS (AUTOMATED)

## Postmark

- ☐ Self-Mailer Addressing  
☐ Envelope Addressing  
☐ Permit 25 (200pcs. Min.)  
☐ Permit 40 (500pcs. Min.)  
☐ Excel Address File Submitted  
☐ Pull from Aeries (List criteria under "Additional Instructions")

## One Per:

☐ Home ☐ Family ☐ Student

## OTHER SERVICES

- ☐ Create Single PDF  
☐ Scan to PDF: ☐ E-mail ☐ CD  
 File Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Assigned to Scanned Date Date Mailed Completed by

☐ DT6135-1 ☐ DT6135-2 ☐ DT6180 ☐ Multi ☐ X 800 **BLACK & WHITE PRINTING**

Paper Used Size/Kind/Weight/Color	# of Fronts	# of Backs	Copies/ Sets	Total Shts. F x C/S	Total Imps. F + B x C/S	8.5 x 11 Impressions	Front Charge	Back Charge	Total Charge
8 1/2 X 11 NCR 2 PART									

☐ X 800 ☐ WCPPro2635

## COLOR PRINTING

Paper Used Size/Kind/Weight/Color	# of Fronts	# of Backs	Copies/ Sets	Total Shts. F x C/S	Total Imps. F + B x C/S	8.5 x 11 Impressions	Front Charge	Back Charge	Total Charge

	Qty	Chrg	Total
<input type="checkbox"/> SBM <input type="checkbox"/> In <input type="checkbox"/> Off	_____ X	_____ = \$	_____
<input type="checkbox"/> Fold: <input type="checkbox"/> Half <input type="checkbox"/> Tri	_____ X	_____ = \$	_____
<input type="checkbox"/> Cutting (how much time)	_____ X	_____ = \$	_____
<input type="checkbox"/> Off-line Collating	_____ X	_____ = \$	_____
<input type="checkbox"/> Inserting	_____ X	_____ = \$	_____
<input type="checkbox"/> Scoring	_____ X	_____ = \$	_____
<input type="checkbox"/> Set Labeling (VDP)	_____ X	_____ = \$	_____

	Qty	Chrg	Total
<input type="checkbox"/> Tape Binding: M or A	_____ X	_____ = \$	_____
<input type="checkbox"/> Coil Binding	_____ X	_____ = \$	_____
<input type="checkbox"/> Perfect Binding	_____ X	_____ = \$	_____
<input type="checkbox"/> Comb Binding	_____ X	_____ = \$	_____
<input type="checkbox"/> Tabbing	_____ X	_____ = \$	_____
<input type="checkbox"/> Composition	_____ X	_____ = \$	_____
<input type="checkbox"/> Scanning	_____ X	_____ = \$	_____

	Qty	Chrg	Total
<input type="checkbox"/> Padding	_____ X	_____ = \$	_____
<input type="checkbox"/> Drilling	_____ X	_____ = \$	_____
<input type="checkbox"/> Off-line Stapling	_____ X	_____ = \$	_____
<input type="checkbox"/> Orig. Counting	_____ X	_____ = \$	_____
<input type="checkbox"/> Other	_____ X	_____ = \$	_____

GRAND TOTAL