



CONTROL NO.	PRINTING/DISTRIBUTION REQUEST			Security Classification	Completion Date (ISS Use ONLY)
Requested By			Date Submitted	Date Required	
Office Symbol	Building Room Number		Mail Stop	Telephone Ext.	
I. PRINTING					
Document Title or Description			No. of Pages	Finished Size	Quantity
					Print <input type="checkbox"/> 1 side <input type="checkbox"/> 2 sides
Printing Instructions					
<input type="checkbox"/> Duplicating <input type="checkbox"/> Offset <input type="checkbox"/> Staple <input type="checkbox"/> Assemble <input type="checkbox"/> Punch/Drill <input type="checkbox"/> Wrap <input type="checkbox"/> Other (Specify)					Other:
Special Printing Instructions					
II. DISTRIBUTION (see attached page for instructions)					
List Name	List Number	Attention Clause			Date Received (ISS Use ONLY)
III. DELIVER EXTRA COPIES TO					
Name	Office Symbol	Room Number	Building	Telephone Ext.	
IV. APPROVING OFFICIAL					
Typed Name		Title	Signature		

Extra Comments/Printing Instructions