



**Robert J. Richardson Middle School**  
6018 S. Karlov Ave, Chicago IL 60609  
773-535-8640



## Poster and Lamination Request Form

Teacher / Staff: \_\_\_\_\_ Room: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Poster Request

Lamination Request

Detail of Request:

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Qty: \_\_\_\_\_

Attach any documents or items for the request.

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Please return to Mr. Esquivel's mailbox...*