



REGIONAL EDUCATIONAL SERVICE AGENCY

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## St. Clair County RESA Duplication Order Form

Name\_\_\_\_\_

School\_\_\_\_\_

Phone Number\_\_\_\_\_

Email Address\_\_\_\_\_

Order Date\_\_\_\_\_ Copies Needed by\_\_\_\_\_

Original- VHS\_\_\_ MiniDVD\_\_\_ CD\_\_\_ DVD\_\_\_

How many copies\_\_\_\_\_

To which format- DVD\_\_\_ CD\_\_\_

I would like the label to read\_\_\_\_\_

I need authoring done to this media- please describe\_\_\_\_\_

By signing this agreement I certify that I have the legal right required to make duplicated of the material contained in this order.

I understand and agree.

Signature\_\_\_\_\_ Date\_\_\_\_\_

### OFFICE USE ONLY

Amount Paid in Full\_\_\_\_\_ Date\_\_\_\_\_ Staff Completing Order\_\_\_\_\_