

3D PRINT APPLICATION

Guyer High School

YOUR INFO: (We need to be able to contact you!)

First and Last Name: _____

Email: _____

Phone Number: _____ Can you receive texts? Yes or No

Student ID#: _____

Flash Drive Identifier (Some words, numbers, or way to ID your flash drive):

FILE INFO:

1. How many files do you need to print? 1 2 3 4 5
2. List the file names:

File Name	Color	Supports	Infill % (Default is 10%)	Scale Object	Qty
1.					
2.					
3.					
4.					
5.					

Your Final Checklist:

1. Can this print be printed? (Does it fit the boundaries of the printer?) Yes or No
2. Do any of the files contain profanity? Yes or No
3. Could each file be printed within the school day? Yes or No

I have read and filled out this entire form and have followed all the directions.

Signature: _____ Date: _____