**EXHIBIT I**

**SCHOLASTIC REQUEST FOR TRF (SUBR)**



**SUBMITTAL REQUEST FOR TESTING**

**Fill out all fields below and send to ProductSafety@Scholastic.com**

VENDOR:

VENDOR CONTACT NAME:

VENDOR EMAIL:

DATE:

**RE: REQUEST FOR LAB TEST REQUEST FORM**

1. **INCLUDE CLEAR IMAGE/IMAGES OF SAMPLES AND ANY RETAIL PACKAGING AND LABELING WITH ANY SUBMITTAL REQUEST FOR TESTING.**
2. **SUBMITTAL REQUEST FOR TESTING SHOULD BE SUBMITTED AT LEAST 10 DAYS PRIOR TO SAMPLES BEING READY TO RELEASE TO LAB.**
3. **ALL SUBMITTAL FORMS ARE TO BE EMAILED TO THE SCHOLASTIC EMAIL ADDRESS NOTED ABOVE. SUBJECT LINE OF EMAIL SHOULD IDENTIFY SCHOLASTIC BUSINESS FIRST, FOLLOWED BY SUBR\_TITLE\_VENDOR\_\_DATE”.**

The following sample(s) are being prepared to submit for testing and require a completed Test Request Form (TRF) from Scholastic:

|  |  |  |  |
| --- | --- | --- | --- |
| TITLE |  | | |
| PARENT ISBN |  | | |
| P.O.# |  | | |
| PRINTLINE/TRACK# |  | | |
| VENDOR FACTORY | NAME: |  | |
|  | ADDRESS: |  | |
|  | CITY: |  | |
|  | COUNTRY: |  | |
| VENDOR LAB LOCATION PREFERENCE | ☐ Hong Kong ☐ Shanghai ☐ Shenzen  ☐ Taiwan ☐ USA | | |
| PRODUCT/SAMPLE DESCRIPTION |  | | |
| SAMPLE TYPE | ☐Pre-Production | ☐COC Component | ☐COC Final Product |
|  | ☐For quoting and sample qty confirmation only |  |  |
| MO/YR OF MANUFACTURE |  | | |
| SAMPLE READY DATE |  | | |
| PROMISE SHIP DATE |  | | |