



Teacher *Classroom Request* Form

Please print clearly. Thank you!

Teacher Name: _____ **Card Number:** 2740000 _____

Age/Grade Level: _____ **# of Materials Needed:** _____

Material Types Requested: Books DVDs CDs Audiobooks

Drop-off Location and Date:

Please allow notice of at least one week for materials to be gathered.

Topics and/or Titles:

Library Use Only:

Date Received: _____ Date Collected: _____ Staff Initials: _____