

Teacher Request Form

Today's
Date: _____

Name: _____

School: _____

School Phone: _____ Home Phone: _____

Date of Pick-up: _____

Grade or Age of Readers: _____

Topic: _____ Quantity: _____

Non-Fiction/Picture: _____ Fiction: _____

Comments: _____

Note: 2 week advanced notice needed for Teacher requests.
All books will be put on hold prior to your pick-up date.
You will be called when your Teacher Request is complete.
Holds are held for a period of 6 days after completion call.

Office Use Only

Received Date: _____

Completion Date: _____

Staff Initials: _____

Staff Initials: _____

Date Patron Called: _____

Pick Up Date: _____

Comments: _____
