

Teacher Request Form

Name: _____ Date: ____/____/____

School: _____ Grade: _____

Library Card Number: _____

I prefer to be contacted by: phone email

Contact Info: _____

Material Request (subjects, formats, etc.):

Number of Items Requested: _____ Date Needed: ____/____/____

For library use only:

Staff Initials: _____

Number of Items Held: _____ Date Sent to Check-Out Desk: ____/____/____

Notes: _____



Monday-Thursday 9-9 Friday 9-6 Saturday 9-5 Sunday 1-5
312 West Main Street Kent, OH 44240
330.673.4414

Fax: 330.673.0226

www.kentfreelibrary.org

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