Teacher Pack Request

Date of request:		
Date needed:	(Requests less than 3wks	may be limited based on availability)
Teacher full name:		Grade:
Phone or Email:		(how you would like to be contacted)
Check all that Apply:		
Picture books ☐ Chapter Bool	ks □ Beginner Readers □	Board Books □
Fiction ☐ Nonfiction ☐		
Request type: Pick up at librar	ry □ or Drop off at schoo	I office (Cardington Only) □
Preferred Due Date (up to 90 days	s from check out):	
Topic(s):		
Number of books (up to 75):		
Any additional notes/ commen	ts:	
Staff Use Only		
Request taken by:		
Chackaut Data:	Toochor Notified:	Dicked up/Delivered