

Lending Library Request Form

Date: _____

Name: _____

Address: _____

Email: _____

Code/Codes to borrow: _____

(Limit of 3 items) _____

Please sign the following statement:

I understand it is my responsibility to return these items in good condition within one month of receipt.

Signed: _____

Please send request/return to:

Gina Herrera

Colorado Services to Children with Deaf-blindness

Colorado Department of Education

1560 Broadway, Suite 1100

Denver, CO 80202