

Lending Library Request Form

Date: _____

Name: _____

Address: _____

Phone: _____

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 this request to:

**GINA QUINTANA
COLORADO SERVICES TO CHILDREN WITH DEAFBLINDNESS
COLORADO DEPARTMENT OF EDUCATION
1560 BROADWAY, SUITE 1175
DENVER, CO 80202
FAX: (303) 866-6767**