

Lending Library Request Form

Indicate your role: Professional: Parent: Other: Specify: _____

Name: First: _____ Last: _____

Address: Street: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

Email: _____

Code(s)/Title(s) requested
to borrow:
(Limit of 3 items)

1) _____

2) _____

3) _____

Please initial by each statement, sign and print name below:

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

If books are not returned in good condition or returned then I assume the responsibility of payment, in full, to replace the materials borrowed.

Signed: _____

Printed Name: _____

Please send request and return materials to:

Roberta Curtis

Colorado Department of Education

Colorado Services to Children with Deaf-Blindness/ESSU

1560 Broadway, Suite 1100

Denver, CO 80202

For office use only:

Date Sent: _____

Date Returned: _____

Email Reminder: _____

Over Due Reminde _____

Payment Request: _____

You may also scan this form and email this request to: Curtis_R@cde.state.co.us