

# 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:

Rachel Williams  
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 from and email this request to Williams R@cde.state.co.us**