TEACHER COLLECTION REQUEST

*Date Wanted ___________________
(PLEASE ALLOW AT LEAST TWO WEEKS TO GATHER)

________ Self Pick-Up (Curbside Service Available)
________ *Troy “Pony” (Troy City Schools only - Wed)

Name ________________________________________  Library Card # _________________________________

Email Address ____________________________________  Phone ________________________

School ___________________________  Grade_______

Reading Level: preschool________ grade 1-2________ grade 3-4________ grade 5-up__________

Types of books requested: __________________________  Total # of books requested:______________

Subject area or Specific titles requested: _____________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

*MUST BE FILLED OUT completely FOR COLLECTION TO BE PROCESSED.
Any questions or comments should be referred to Tammy at tgrilliot@tmcpl.org

*****Staff use only below this line*************************************************************************************

Date Received:____________________  Staff Initials:__________________