

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: _____