

CHHS Learning Resource Center

Authorization for Students to Check-out Materials

Student Name (please print)

Date

Street

Telephone

City, State, Zip code

WIN #

Signature

TO BE COMPLETED BY FACULTY MEMBER/INSTRUCTOR (and LRC employee)

Name of Item

Catalog Number

Bar Code

Name of Item

Catalog Number

Bar Code

Name of Item

Catalog Number

Bar Code

Name of Item

Catalog Number

Bar Code

Name of Item

Catalog Number

Bar Code

Faculty Name

Print

Faculty Signature

Date

Faculty Telephone

Faculty patron Number