



CHHS Learning Resource Center

Authorization for Students to Check-out

**O.T. Assessment Test Forms**

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** \_\_\_\_\_