

CHHS Learning Resource Center

O.T. Test Forms

Authorization to Check-out Test Forms

Student Name (please print)

Date

WIN #

Telephone

Signature

Faculty Name
(print)

Is faculty checking item out?

Faculty Signature

Date

Faculty Telephone

Faculty Patron Number

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

Name of Form

Number Removed

Name of Form

Number Removed

Name of Form

Number Removed

Name of Form

Number Removed

Name of Form

Number Removed

Name of Item

Number removed

Name of Item

Number removed