

Educator Express Request Form

Please note that Educator Express services require the requesting educator has a valid L.E. Smoot Memorial Library card in good standing

Today's Date: ____/____/____

Teacher Name: _____ School: _____

Phone Number: _____ Email: _____

Grade: _____ Name of Course: _____

Please use this space to explain the resources you need, including reading level, subject matter, specific materials or material types, etc.

When would you like to pick your materials up? (Please allow at least one week from request date)

_____/_____/_____

This form may be returned to the Library Circulation Desk or emailed to YSL1@smoot.org

Office Use Only

Date Request Received: _____

Date of Confirmation via Email or Phone: _____

Staff Member Selecting Materials: _____

Number of Materials Loaned: _____

Other Notes: