Missouri School for the Blind Library Media Center
Library Book Request Form

Please print or type

School District: _____

Administrator: _____ Date of Request: _____

Administrator's Signature: _____
or permission form on file _____ Permission Form

Professional making the request: _____

Contact Information (email and/or phone no.): _____

Address to which books should be mailed: _____

_____

Information about student for whom this book is requested:

Student Loan ID Number: _____
[This ID number will be assigned by MSB Library the 1st time a book is loaned to this student; after the 1st time a book is borrowed for this student, please include this number on the request]

Age: _____ Gender: _____ Grade: _____ Reading Level: _____

Is this student registered with Wolfner Talking Book and Braille Library? Yes _____ No _____

Contracted Braille Only: ____ Uncontracted Braille Only: ____ Either: ____

Print/Braille Only: ____ Braille Only: ____ Either: ____

Item No. 1:
Title and/or Author: _____

or Subject of Book: _____

Fiction, Nonfiction, or Both? _____

Other information: _____

Item No. 2:
Title and/or Author: _____

or Subject of Book: _____

Fiction, Nonfiction, or Both? _____

Other information: _____

Please return to Mary Dingus, Missouri School for the Blind, 3815 Magnolia Ave., St. Louis, MO 63110, or send by fax to 314-773-3762; or call 314-776-4320, ext. 3257 or email Mary.Dingus@msb.dese.mo.gov

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