Twinsburg Public Library
4th-12th Grade Teacher Request Form

PLEASE SUBMIT YOUR REQUEST TO THE CHILDREN’S DESK A MINIMUM OF TWO WEEKS IN ADVANCE OF YOUR REQUESTED PICK UP DATE

Teacher Name: ___________________________ Phone Number: ___________________________

Date of Request: ___________________________ Library Card #: ___________________________

Pick Up Date: ___________________________

Grade or Age Range: ______________ Guided Reading Level, if applicable: ___________________________

Title(s) Requested:

___________________________________________________________________________________________

___________________________________________________________________________________________

Number of copies needed: ________________________________________________________________

Specific Instructions (such as special due date, include book on CD or DVDs if possible, etc.):

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Preferred Pick Up Location:  Teen Desk  Drive-Up Window  Front Desk

Staff Only
Request filled on: ___________________________