# Text Book Request Form

**Name:** __________________________

**Student ID:** ______________________

**Phone:** __________________________

**Email:** ___________________________

**Date requested:** __________________

**Date needed:** ____________________

**Book drop-off signature:** __________

**Book pick-up signature:** ____________

**Additional Instructions:** ________________________

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**Please Note:** In order to scan your books, the current bindings must be removed. After scanning, your books will be spiral bound and returned to you. DSS will notify you via e-mail when your materials are ready for pick-up.

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**For office Use only**

Scanned ________ Burned CD ________
OCR ________ E-mailed student ________
Bound ________ Picked up ________