

Reservation Request for Media Retrieval System

**COMPLETED FORM MUST BE TURNED IN
BEFORE 1:00 PM ONE DAY PRIOR TO DATE NEEDED.**

Sorry, No Phone Orders Please!



Teacher's Name _____ Today's Date _____

Date(s) Needed _____

Room
Number 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____

Type of Media Video Laser DVD

Title (**ENTIRE**) _____

- Teacher's Media (please send to MIS **BEFORE 1:00 PM one day prior** to date needed).
- LTHS Media (please enter call number below).

Legal copyrighted material only!

Call No. (**REQUIRED**) _____

Special Instructions: _____