

**STUDENT LIBRARY CIRCULATION RECORDS REQUEST FORM**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Requesters Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

School year(s) of records requested \_\_\_\_\_

Building(s) from which records requested \_\_\_\_\_

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**Office Use Only**

Records printed by \_\_\_\_\_

Date printed \_\_\_\_\_

Contact the District's Teacher Librarian.