

**Harrison Central School District  
TEXTBOOK LOAN PROGRAM - BOOK REQUEST**

<b>Student Name:</b>	<b>Parent Name:</b>
<b>Student Address:</b>	<b>Parent Email:</b>
<b>Contact Phone Number:</b>	

**School Name:**

**BOOK INFORMATION**

ISBN#	SUBJ	GRADE	TITLE	AUTHOR	PUBLISHER	EDITION	QTY	PRICE

Proof of residency is:    \_\_\_ attached    \_\_\_ on file at Harrison CSD

I understand that all books received are the property of the Harrison CSD and must be returned in the same condition as received by June 30 of the school year.

\_\_\_\_\_   
 Parent Signature - Date

*To be completed by Representative of Student's School:*

The student noted is enrolled in the school indicated and the requested books are required by his/her assigned curriculum in the upcoming school year.

_____ School	_____ School Representative - Title (please print)	_____ Signature - Date
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**SUBMIT BY JULY 1, 2021**