

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

Student Name:	Parent Name:
Student Address:	Parent Email:
Contact Phone Number:	
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

SUBMIT BY JULY 1, 2024