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, 2026