IISD INSTRUCTIONAL CENTER @ THE RATTEREE 2121 S. MACARTHUR IRVING, TX 75060	**FOR IC USE ONLY**
	DATE RECEIVED:
	BOOKINGS:
	DENIALS:

☐ **VIDEO/VERTICAL FILE REQUEST**

DATE OF REQUEST:_____

☐ **CLASSROOM SET REQUEST (PAPERBACKS)**

LAST NAME FIRST INITIAL

SCHOOL/LOCATION CODE: _____

GRADE LEVEL/SUBJECT AREA: _____

BOOKING PERIOD: PLEASE INDICATE IN THE APPROPRIATE COLUMN THE DATE FOR WHICH THE MATERIAL IS NEEDED. WHEN POSSIBLE, MATERIALS ARE BOOKED ON THE EXACT DATES REQUESTED. SINCE THIS IS NOT ALWAYS POSSIBLE, PLEASE SUGGEST AN ALTERNATE DATE FOR EACH ITEM BY COMPLETING THE APPROPRIATE COLUMN TO THE RIGHT. VIDEOS BOOKED FOR 1 WEEK. CLASS SETS BOOKED FOR 6 WEEKS. VERTICAL FILE BOOKED FOR 2 WEEKS.

PLEASE HAVE REQUESTS IN OUR OFFICE
THREE (3) DAYS IN ADVANCE OF NEED FOR DELIVERY
TO YOUR CAMPUS.

To fax your order, dial (972) 313-4823

RETURN MATERIALS TO LIBRARY BY 8:00 A.M. ON DUE DATE OR TO IC RATTEREE BY 2:00 P.M..

CATALOG/CALL NUMBER		TITLE	# OF BOOKS FOR CLASSROOM	PREFERRED DELIVERY (MONTH/DAY)	NO EARLIER THAN: (MONTH/DAY)	NO LATER THAN: (MONTH/DAY)	FIRST AVAILABLE DATE (CHECK TO INDICATE)	IC USE ONLY: CONFIRMED OR DENIED
	1ST CHOICE							
	2ND CHOICE							
	1ST CHOICE							
	2ND CHOICE							
	1ST CHOICE							
	2ND CHOICE							
	1ST CHOICE							
	2ND CHOICE							
	1ST CHOICE							
	2ND CHOICE							
	1ST CHOICE							
	2ND CHOICE							

APPROVED BY: _____