

Ozarka College  
Request for Books

Student Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I need the following books for the \_\_\_\_\_ academic semester:

| <u>Course Number</u> | <u>Course Name</u> |
|----------------------|--------------------|
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Campus Preferred for Book Delivery: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please attach a copy of your current schedule. Completion of this form does not guarantee that you will receive services through the book loan program. Books will be awarded to students based on availability.

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Official Use Only

Copy of Students Schedule

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CPI Staff Member