

Used Book Reserve Form

DATE SUBMITTED to the TRA OFFICE _____

STUDENT NAME _____

Make a copy for each student.

The student has been enrolled in the following classes and would like to reserve the following books if available.

| | Course Title |
|---|---------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

We realize that the number of books available varies from year to year and they may not be available for borrowing.

We realize that if the books are not available to borrow that we are responsible for purchasing them early enough in the summer, so they arrive before the first week of school.

Parent Signature _____