

Book Return Form

Please return all CC+ books to the high school library/IMC.

Student's Name:		Student ID #:		Date Collected: (school official)					
Date Returned:		School Year:		Collected by: (School Official's Initials)					
University	Book Name	Course #	Course Name:	Please check the Semester that you purchased or borrowed the book that you are returning.					
					Summer		Fall		Spring
					Summer		Fall		Spring
					Summer		Fall		Spring
					Summer		Fall		Spring
					Summer		Fall		Spring
					Summer		Fall		Spring
					Summer		Fall		Spring

A student needs to fill a form out <u>each</u> time he/she returns their books. If they attend <u>multiple</u> colleges/universities, the student will need to fill out a form for <u>each</u> institution he/she attended.

Additional Information: