

Please complete one of these forms for EACH book that you are dropping off. *Thank you*

PART ONE: Your Information:	Campus:
Your Name:	Drop off Date:
Email:	_ Phone Number:
PART TWO: Book Information. Total Numb	per of Books Being Dropped Off:
Book Title and Edition Number:	
Authors/Editors:	
Publisher:	
ISBN:Year of	Copyright:
PART THREE. Course Information:	
Course Title:	
Professor:	
STOP	HERE!! ********
To be filled in by ATC staff. File format needed:	.kesdoctxt
Special Instructions:	
I PICKED UP THIS BOOK:	