



LIBRARY WITHDRAWAL

Title: _____ ISBN: _____

Author: _____ Price: _____

This form will be filed with the library item when in the library, and in the member's folder when checked out. By signing this form you agree to pay for library item if lost or not returned.

Name: _____ Date Out: _____

Librarian: _____ Date In: _____

Name: _____ Date Out: _____

Librarian: _____ Date In: _____

Name: _____ Date Out: _____

Librarian: _____ Date In: _____

Name: _____ Date Out: _____

Librarian: _____ Date In: _____

Name: _____ Date Out: _____

Librarian: _____ Date In: _____

Name: _____ Date Out: _____

Librarian: _____ Date In: _____

FOR GenXchange USE ONLY:

Date Reported Lost:
Amount Paid for Missing Item:

Member Notified:
Date Paid:

Date Found:
Item Replaced: