

EOPS Lending Library Book Check-Out Form

Name _____ Student ID # _____

Phone Number _____

I understand that borrowing a book from the EOPS Lending Library is to be requested after utilizing other resources including financial aid funds.

Are you part of CalWORKs? ____ Yes ____ No

Are you part of Department of Rehabilitation? ____ Yes ____ No

By initialing below, I am stating that I have done the following:

_____ I have submitted a FASFA. The Financial Aid Office will release my funds on _____.

_____ I have applied for Books Help.

_____ I have checked with the AVC Library to see if they have my textbook available to review.

_____ I am providing the EOPS Office with a printed copy of MyAVC class schedule.

_____ I understand that I will only be able to borrow ONE BOOK ONLY.

_____ I promise to return the book in good condition no later than the Monday after the semester ends. If I do not return the book, the cost of the book will be deducted from future grants. You will also not be able to borrow books from the Lending Library for an entire semester.

*****PLEASE ALLOW 2 BUSINESS DAYS TO PROCESS REQUEST.*****

I understand and agree to the above terms. _____

Signature

Date

BOOK I WISH TO BORROW:

Title of Book	Author	Edition
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Book Due Back On: _____ Book Checked Out By: _____

Date Book Returned On: _____ Book Returned To: _____