

# Title Request Form

## Resource Sharing Program

This form is to be completed by the school librarian or their aide to request materials from the Delaware County District Library (DCDL) for a particular title. **\*\*\* Please allow for a one week notice to gather assignment materials.**

**PLEASE PHOTOCOPIY THIS FORM AS NEEDED**

School \_\_\_\_\_  
School Library Phone Number \_\_\_\_\_  
Librarian Name \_\_\_\_\_

Info Needed By: \_\_\_\_\_  
Today's Date \_\_\_\_\_  
Email \_\_\_\_\_

**1.** Title Requested: \_\_\_\_\_  
Author: \_\_\_\_\_  
DCDL Call #: \_\_\_\_\_  
Student's Name: \_\_\_\_\_

**2.** Title Requested: \_\_\_\_\_  
Author: \_\_\_\_\_  
DCDL Call #: \_\_\_\_\_  
Student's Name: \_\_\_\_\_

**3.** Title Requested: \_\_\_\_\_  
Author: \_\_\_\_\_  
DCDL Call #: \_\_\_\_\_  
Student's Name: \_\_\_\_\_

**4.** Title Requested: \_\_\_\_\_  
Author: \_\_\_\_\_  
DCDL Call #: \_\_\_\_\_  
Student's Name: \_\_\_\_\_

**5.** Title Requested: \_\_\_\_\_  
Author: \_\_\_\_\_  
DCDL Call #: \_\_\_\_\_  
Student's Name: \_\_\_\_\_

**Unless otherwise noted, DCDL will deliver your materials by the date needed. If you choose to pick up your materials, please indicate the branch you will be collecting from:**

Delaware Branch \_\_\_\_ Powell Branch \_\_\_\_ Ostrander Branch \_\_\_\_ Orange Branch \_\_\_\_

Date materials will be picked up: \_\_\_\_\_

You must bring the school's library card to collect materials.

**To submit form or get help researching a subject:**

Mail or Deliver: Delaware County District Library  
Attn: Outreach Services  
7171 Gooding Blvd  
Delaware, OH 43015

Fax: 740.549.0022

Email: [outreach@delawarelibrary.org](mailto:outreach@delawarelibrary.org)



Delaware • Ostrander • Powell • Orange

