



**Illinois Statewide
Technical Assistance
Center for Parents**

1204 E. Oak Street
Building 1, Suite 2
Mahomet, IL 61853
Toll Free 866.936.7464
Fax 217.586.7579
www.ISTACParents.org

**Resource Center
Library Materials Check Out Form**

Date of Request: _____

Full Name of Item (Please add a description if you feel it is necessary.)

Author: _____ **Format:** _____

If test kit, # of forms needed: _____

User Name: _____

Please check which best applies to you:

Parent/Family Educator Parent Mentor Related Service Provider

Agency: _____

Address: _____

City/State/Zip: _____

Telephone #(s): _____

Would you like to receive our quarterly e-newsletter? Yes No

Please provide us with your e-mail address for the newsletter:

All items are assumed to have a three week or less check out period. If this time frame differs from your needs, please indicate your estimated return date: _____

Notes/Comments/Questions: _____

When the book arrives you will receive a survey, please complete the survey and return with the book when due.

(Please feel free to copy this form as needed)