

**Suffolk Public Schools**  
**Special Education Parent Resource Center**  
**Lending Library Check Out Form**

Date: \_\_\_\_\_

Name of Borrower: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**(Please fill out all of the requested information.)**

By signing below, I acknowledge that I have received the following material from the SPS Special Education Parent Resource Center (PRC) Lending Library. I will return the material to the PRC by \_\_\_\_\_. I acknowledge that I am responsible for returning the material in the same condition as received. I will cover any cost for damages while the material is in my possession.

Title of Resource	Author	Resource Format

\_\_\_\_\_  
**Signature of Borrower**

\_\_\_\_\_

**To be completed by Special Education Parent Resource Center Representative upon return of resources:**

\_\_\_\_\_  
**Signature of Parent Resource Center Representative**

\_\_\_\_\_  
**Date All Resources Returned**