

**Kansas School for the Deaf  
 Outreach Services  
 Lending Library**

**Materials Checkout Form**

Name \_\_\_\_\_

Title	KSDid#	Date Checked Out	Date Due	Returned

\*Materials may be checked out for one month.      Staff assisting with checkout \_\_\_\_\_

**Contact Information**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_