

BOOK RETURN FORM

NAME: _____

PHONE # RENTED WITH: _____

Contact PHONE # (if different than above): _____

EMAIL : _____

ORDER NUMBER (IF KNOWN): _____

HIGH SCHOOL/LMC STUDENT ID #: _____

RENTAL RETURN

Name of Book(s):

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____

Questions? Call the bookstore at 269-927-6713