

ARCC BOOK RETURNS FORM

First & Last Name (Print):
TECH ID NUMBER:
Phone#:
Email Address:
Today's Date:
Please check appropriate box below for FALL 2021 Books:
□ PSEO
□ RENTAL
□ BOTH (PSEO & RENTAL)
Number of books returning in bag today:
Book # 1 Title:
Book # 2 Title:
Book # 3 Title:
Book # 4 Title:
Book # 5 Title:
Book # 6 Title:
Book # 7 Title:
Book # 8 Title:
Book # 9 Title:
Book # 10 Title:
Book # 11 Title:
Book # 12 Title:
Book # 13 Title:
SIGNATURE: