

ARCC PSEO BOOK RETURNS FORM

First &	Last Name (Print):		
Tech ID (8-Digit # from eServices):			
Phone Number:			
Email Address:			
Today	's Date:		
Please check appropriate box below for <u>FALL 2024 PSEO</u> Book Returns:			
	☐ Returned / Mailed t	U	
	☐ Returned / Mailed t	to Rapids Store	
Number of PSEO books returning 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:			
□ Add	litional Texts? (Check the box and r	ecord the titles on the reverse side of thi	s form)
Xs	SIGN HERE:		
*Return in person (or mail back) your FALL 2024 PSEO Texts, with this form, to either campus:			
	ARCC RAPIDS CAMPUS STORE 11200 MISSISSIPPI BLVD NW COON RAPIDS, MN 55433	ARCC CAMBRIDGE CAMPUS STORE 300 SPIRIT RIVER DRIVE SOUTH CAMBRIDGE, MN 55008	
	763.433.1250	763.433.1850	

*SPRING 2024 PSEO returns accepted through **Monday**, **December 30, 2024**, with no fee.

*SPRING 2024 PSEO returns accepted **December 31, 2024** - January 7, 2025, with \$25 Late Fee.

Staff Initials/Date: _____