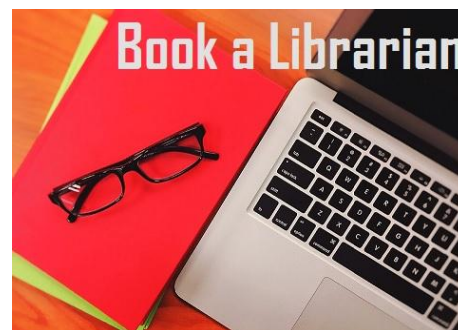


BOOK A LIBRARIAN REQUEST FORM



Your first and last name:

Your Piermont library card number:

Phone number:

E-mail address if you have one:

Topic you would like help with:

What are your preferred days and times:

(circle all times slots that would work for you)

Monday **12 pm** **1 pm** **2 pm** **3 pm** **4 pm**

Tuesday **12 pm** **1 pm** **2 pm** **3 pm** **4 pm**

Wednesday **12 pm** **1 pm** **2 pm** **3 pm** **4 pm**