

## BOOK LOAN CONTRACT

Please fill out all of the requested information.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Address: \_\_\_\_\_

Session Needed: \_\_\_\_\_

**By signing below, I acknowledge that I have received the following books. Upon completing my courses for this semester, I will return the book(s) to the SSS department. I realize that I am totally liable for these books, and I will cover any cost for damages while they are in my possession. NOTE: Your account will be placed on hold and you will be unable to register the following semester if all items are not returned.**

TITLE	AUTHOR	ISBN	SSS BOOK #	RETAIL	RTND
<b>NOTES:</b>					

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE ALL ITEMS RETURNED