

Assignment Alert

Date: ____/____/____

Teacher Name: _____ School: _____

Phone Number: _____ Email: _____

Grade: _____ Name of Course: _____

Number of students given assignment: _____

Assignment Period: ____/____/____ to ____/____/____

Assignment: _____

If possible, please attach a copy of the assignment.

Are there any material restrictions? _____ If yes, what are they? _____

Would you like materials to be placed on reserve for "In Library Use Only"? _____ Yes _____ No

This form may be returned to the Library Circulation Desk or emailed to YSL1@smoot.org.