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## L. E. SMOOT MEMORIAL LIBRARY

9533 Kings Highway  
King George, Va. 22485

Phone: 540-775-2147  
Fax: 540-775-3769  
[www.smoot.org](http://www.smoot.org)

### Assignment Alert

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

Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Name of Course: \_\_\_\_\_

Number of students given assignment: \_\_\_\_\_

Assignment Period: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Assignment: \_\_\_\_\_

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If possible, please attach a copy of the assignment.

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

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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](mailto:YSL1@smoot.org).***