

**Student and Parent Recommendations for Library Media Center
Materials**

(Please submit to the Teacher-Librarian and/or Principal)

School: _____ Date: _____

Name: _____ Address: _____

City _____ Zip _____ Street
Phone _____

I would like materials on these subjects in the library media center:

I would like the following books in our library:

The library needs more information on the following subjects:

I would like to have the following nonprint or electronic resources in the library media center: