



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 |
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| NOTES: | | | | | |

SIGNATURE

DATE ALL ITEMS RETURNED