

## Library Class/Tour Request Form

Please fill out the form below completely and return it to the Reference desk. Note that a request should be received at least three weeks in advance to ensure we can fulfill the request. Any questions, please contact Claudia Covert, the Readers' Services Librarian at 401-709-5908 or [ccovert@risd.edu](mailto:ccovert@risd.edu). Thank you.

Instructor's Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Class Level: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Requested Time: \_\_\_\_\_

Objective of Session: \_\_\_\_\_

Resources to be Included: \_\_\_\_\_

*Please attach class syllabus and/or assignment(s) relevant to the library class.*

Staff use: date & time request was received: \_\_\_\_\_

CTC January 2007

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