

Kansas Instructional Resource Center Textbook Information Request Form

School Year: _____

Student: _____ Legally Blind or
Low Vision (circle one) Date: _____

USD Number: _____ Grade Level: _____ Media: _____

V.I. Teacher: _____

Title: _____

Series: _____

Edition: _____

Author: _____

Publisher: _____

Copyright: _____ ISBN(s): _____

For KIRC use only

KIRC #: _____ Patron: _____ Volumes: _____

KLAS ID: _____ Shelf: _____

MATRQ #: _____

Sources

Agency: _____	Agency: _____
ISBN: _____	ISBN: _____
Copyright: _____	Copyright: _____
Catalog #: _____	Catalog #: _____
Price: _____	Price: _____

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