



South St. Landry Community Library  
Teacher Resource Request Form

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Topic or Subject \_\_\_\_\_

Any specific titles (optional) \_\_\_\_\_

Types of Materials: Fiction Books \_\_\_\_\_ Nonfiction Books \_\_\_\_\_ DVDs \_\_\_\_\_ Audio Books \_\_\_\_\_

Music \_\_\_\_\_ CDs \_\_\_\_\_ Kits \_\_\_\_\_

Number of Materials Requested \_\_\_\_\_

Date Needed By \_\_\_\_\_

Date of request \_\_\_\_\_

Note: If your request is for special services (story teller, etc.) please attach a separate sheet or contact library staff by phone.

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