

Resource Check-Out Form

I agree to return these materials within thirty (30) days, and if they are lost or damaged while checked out to me, I will pay to repair or replace them.

Today's Date: _____

Printed Name: _____

Signature: _____

Address: _____

Phone: _____

Date to be returned: _____

Book/Video/Magazine

Title: _____

We hope that you will find these materials useful and would welcome your comments on the items that you borrow or other items you would like to see us add to the library.

Only ASTD-Lincoln members, in good standing, are eligible to check out materials from the chapter library.

Any questions please contact the VP of Education and Research.