

Librarian Classroom Visit Request Form

Please complete this form if you would like a librarian to visit your classroom and describe the services we provide.

| Instructor Contact Information | |
|---|----------------|
| Name: | Email: |
| Telephone: | Office: |
| Course Information | |
| Course Name: | Meeting Place: |
| Meeting Days & Time: | |
| When would you like a librarian to visit your classroom? | |
| Date and time (1 st choice): | |
| Date and time (2 nd choice): | |
| Date and time (3 rd choice): | |
| Describe the content you would like the librarian to present? | |
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| Comments? | |
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Once this form is complete, return it to Kelly Wright.

- submit it electronically to kwright@blueridgectc.edu
- put it in IT mailbox in the Main Office

For further information, contact Kelly Wright.
(304) 260-4380 x2236 • kwright@blueridgectc.edu • B-04