



**L. E. SMOOT MEMORIAL LIBRARY**

9533 Kings Highway  
King George, Va. 22485

Phone: 540-775-7951  
Fax: 540-775-5292  
www.smoot.org

**Educator Express Request Form**

*\*Please note that Educator Express services require the requesting educator has a valid L.E. Smoot Memorial Library card in good standing\**

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Name of Course: \_\_\_\_\_

Please use this space to explain what you need, including reading level, subject matter, specific materials or material types, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When would you like to pick your materials up? (Please allow at least one week from request date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***This form may be faxed to 540-775-5292, emailed to YSL1@smoot.org, or dropped off in person at the Library's Front Desk.***

***Office Use Only***

Date Request Received: \_\_\_\_\_

Date of Confirmation via Email or Phone: \_\_\_\_\_

Staff Person Selecting Materials: \_\_\_\_\_

Number of Materials Loaned: \_\_\_\_\_

Other Notes:

