Student Media Request Approval Form

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STUDENT INFORMATION:

*FIRST NAME: 

*LAST NAME: 

*CUNY LIBRARY ID: 

“Located under BARCODE on back of BMCC ID”

*E-MAIL: 

*CONTACT NUMBER: 

*DESIGNED TITLE(S): 

*CALL NUMBER: 

*CLASS NAME / SECTION: 

*PICK UP DATE: 

*RETURN DAY: “3-DAY LOAN”

Signature

All signatures must be hand written, the form can be hand delivered to the Media Department (S410S). All requests must be submitted at least 3 working days in advance of the project. Any requests that do not have the proper hand written signatures will be declined.

I understand and agree to the above Terms of Agreement
PROFESSOR INFORMATION:

*FIRST NAME:  

*LAST NAME:  

*BMCC ID:  

*EMAIL:  

*DEPARTMENT  

*PROJECT:  

*CONTACT:  

Authorized Signature __________