

**Prevention Resource Center  
Region 7  
A program of the Hays Caldwell Council on Alcohol & Drug Abuse**

**Library Check Out Form**

**Date Borrowed:** \_\_\_\_\_ **Date Due:**(office use only) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**(A PRC representative will photocopy your valid Texas Driver's License here).**

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Intended use or purpose:** \_\_\_\_\_

<b>Catalog Number</b>	<b>Title</b>

**Materials will be used/viewed by: (Please indicate the number of individuals for each age group)**

**Adults** (age 18 and older) \_\_\_\_\_ **Youth** (age 0-17) \_\_\_\_\_

**I have read and received the Materials Clearinghouse and Library Policies and agree to abide by the policies.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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San Marcos, Texas 78666

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