TEXTBOOK DISCARD FORM

Lafayette Parish School System
State Textbook Adoption

NAME/CONTACT: _____

SCHOOL/PICK UP LOCATION: _____

SUBJECT	TITLE	PUBLISHER	COPYRIGHT DATE	# OF BOOKS

THE LISTED BOOKS HAVE NOT BEEN USED IN THIS SCHOOL FOR SIX MONTHS. I WISH TO HAVE THEM DONTATED OR DISCARDED ACCORDING TO STATE AND/OR LOCAL POLICY.

TEXTBOOK ADMINSTRATOR'S SIGNATURE: _____

Date Requested: _____