



Collection Development Service Request Form*

*Perma-Bound also provides an Opening Day Library Collection Service. For a FREE consultation, call 1-877-531-0928.

T erma-bound also provides			. 1100. 1	. a race consultan		301 0720.	
This form may be faxed toll free to our Collection Development Department at 1-877-277-0748.				Date of Request			
Customer Name: Mr./Ms./Mrs							
School/Library							
Address							
City/State/ZIP							
Telephone	Fax						
Email							
The types of material needed are: (Note: E is Easy, F is Fiction, NF i	•	if high/low mate	rials are	e desired.)			
Subject(s)		E / F / NF		Grade(s)		Reading levels	
Formats to include (circle):	Books	Audio Cassette	es (Compact Discs	Videos	DVDs	
Languages to include (circle):	English	Spanish	Other				
Student population includes: (Che	ck as many as a	oply or give perce	entages	if significant.)			
African-American		Asian				_ Other	
Hispanic		Native American					
Estimated Budget \$		Preferred Delivery Method 1) ground 2) fax (Less than 10 pages can be faxed if necessary to meet deadline)					
//Actual date r	needed	3)					
Please allow a minimum of 2 weeks for your request to be processed.		L Excel 4) Upload to my perma-bound.com user ID for viewing on the web My user ID is					
Customer's local Perma-Bound Re	epresentative (if k	known)					