



Pensacola State College
Student Support Services (850) 484-2028

EDUCATIONAL MATERIALS LOAN CONTRACT

Year/Term: _____
Name: _____ ID # _____

Address: _____

— (No.) (Street) (Apt)

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

I understand that the above items/texts are the property of Student Support Services.

I WILL RETURN THEM NO LATER THAN _____.

I WILL CONTACT THE OFFICE IF I NEED TO MAKE ALTERNATE
ARRANGEMENTS.

Student's Signature _____ Date _____

Do Not Write Below This Line

Course#	Item/Title of Book(s) Loaned	Date Returned

____ Approved _____
____ Disapproved Staff Signature _____ Date _____

