# Streaming Video Drop off Form

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Name and Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of individual dropping off material Print Name

Signature of library staff member Print Name

**Attached list or entered titles of items being dropped off**

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