

# ACADEMIC RESOURCE RETURNS

School Name: \_\_\_\_\_

What materials are you returning?	
<input type="checkbox"/> Current Textbooks	<input type="checkbox"/> Items for Reading Center
<input type="checkbox"/> RTI^2 Materials	<input type="checkbox"/> Items for Science Cage
<input type="checkbox"/> Items for Math Closet	<input type="checkbox"/> Other: _____

Title(s) or Item(s)	Qty

☐ Unopened Box - Original Box Label is Correct



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