

**KNOX COUNTY SCHOOLS**  
**MEDIA REQUEST FORM**  
 (SEND TOP COPY TO AUDIO VISUAL DEPARTMENT – KEEP BOTTOM COPY FOR YOUR RECORDS)

Today's Date \_\_\_\_\_ Teacher Identification No. \_\_\_\_\_  
 School Name \_\_\_\_\_ Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

Catalog Number	Title	Use Date	Alternate Use Date		Alternate Catalog Number
			Not Before	Not After	
AUDIO VISUAL DEPARTMENT Knox County Schools Phone 594-3782		List in date order. Use numbers for month, day & year. For example 10/11/85	List dates you will accept Media. Use numbers for month, day and year.		If your first choice is not available, insert Media number, if known.

**REQUESTS MAY BE MADE FOR ANYTIME DURING THE CURRENT SCHOOL YEAR.  
 CONFIRMATIONS WILL BE SENT.**

MC-112 (1/01)

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