

**Washington County School District  
Instructional Material Request Form**

*Please complete all of the following items so that your request can be processed.*

Teacher and/or Department Name: \_\_\_\_\_

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

Title of Instructional Material: \_\_\_\_\_

ISBN: \_\_\_\_\_

Edition (if applicable): \_\_\_\_\_

Principal Author: \_\_\_\_\_

Publisher: \_\_\_\_\_

Cost per book: \_\_\_\_\_                      Number needed: \_\_\_\_\_

Is this a replacement text? \_\_\_\_\_

Please list name and ISBN number for any needed supplementary materials  
(workbook, study guide, teacher's edition, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Attach a copy of the webpage where the instructional material can be purchased.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date