

# UAHT Textbook Return Form

Name \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED COMPLETE UAHT ID Number** \_\_\_\_\_

**BOOKS WERE RENTED for:** FALL SPRING SUMMER **DROPPED OFF:** TXK HOPE  
*Please Circle One* *Please Circle One*

**WORKING PHONE #** \_\_\_\_\_ **eMAIL ADDRESS** \_\_\_\_\_

COURSE	BOOK TITLE	INSTRUCTOR

Total number of books placed in plastic bag \_\_\_\_\_  
*If all books do not fit, use additional form and bag.*

**I acknowledge the return of these books that were rented to me by the University of Arkansas Hope-Texarkana for the** FALL SPRING SUMMER **semester.**  
*Please Circle One*

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

*For Institution Use Below*  
Location of form: TK Hope  
Number of books in bag \_\_\_\_\_  
Comments on textbooks returned:

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE