

INVENTORY TEXTBOOK CHECK LIST

SCHOOL: _____ **LOC CODE:** _____ **LD #:** _____

Parking (indicate location)

Keys room/bathroom

I have designated a Contact Person

Name of Textbook room person

Name:

Phone:

Administrator in charge of textbooks

Location of textbooks

Internet connectivity

Wired/wireless/access codes

Power sources/locations

Approximate day/time School will be accessible to Inventory Teams:

Morning

Afternoon

9am-11:59am

12pm-3pm

Monday

Tuesday

Wednesday

Thursday

Friday

Access to classrooms

Plant Manager's Name and Phone:

Name:

Phone:

By signing, I verify that I have read the memo regarding the textbook checklist. I also acknowledge and accept responsibility for information provided on this check list.

School Representative: _____ Title _____

Date _____

Please send completed forms to :

Glen Franklin, Textbook Inventory Clerk

Integrated Library and Textbook Support Services

213.241.3569

glenroy.franklin@lausd.net