Textbook Disposal

Quantity	Title	ISBN

Building: _____ Grade Level: _____

Teacher Signature: _____ Date: _____

Administrator Signature: _____Date: _____

Box _____ of _____
Please secure a form to each box that you send to the Board Office

Please send this form with the books that you are discarding. Please mark to the attention of the appropriate curriculum director and send to the BOE. Thank you!