STUDENT HEALTH SERVICES · HEALTH EDUCATION MATERIALS REQUEST FORM

Today’s Date: ______________________
Name: ___________________________________________ ID# ______________________

What materials are you requesting?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Amount/number needed: ________________________________________________________

Purpose of use:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Number of participants expected: _______ Phone number: _____________________________

Name of group/organization: ______________________________________________________

Date of event: ________________ Location: _________________________________________

Your phone number: _________________________________

*Must give at least 24-hrs notice

I understand that I am responsible for the proper use and return (if applicable) of materials. If
the materials are not returned by agreed upon date, I will be charged the replacement cost.

________________________________________  ________________________________________
Print Name   Sign

____________________________________  _________________________________________
Date of pick-up  Date to be returned

If you need this document in another format, please email sarah.williams@ung.edu or call 706-864-1948.