

University of Arkansas at Pine Bluff

Child Welfare Resource Library Request Form

Please complete the following information:

Name:

Mailing Address:

Phone Number: *Work* _____ *Home* _____
Cell _____

Agency (Include DCFS area/county, if applicable):

Agency Contact: *Phone* _____ *Fax* _____

Purpose of request (please check those that apply to you):

*Presentation:*____ *Reference:*____ *Personal:*____ *Other (explain below):*____

<u>Book/Video</u>	<u>Resource #</u>	<u>Title</u>
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