

# BOOKS & SUPPLIES REQUEST FORM

# FIDM

STUDENT NAME (                    )		STUDENT IDENTIFICATION NUMBER									
PHONE				EMAIL							

### PLEASE LIST REGISTERED COURSES

SECTION NUMBER	DEPT / COURSE NUMBER	COURSE TITLE	NOTES (FOR OFFICE USE ONLY)

## PLEASE SELECT ONE OPTION: 1. PICK-UP —OR— 2. SHIPPING

### SCHEDULE PICK-UP TIME FOR THE LOS ANGELES CAMPUS

1

PREFERRED PICK-UP	DATE	/	/	TIME
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REFER TO STUDENT PORTAL FOR BOOK ROOM HOURS

**IMPORTANT:** BOOK ROOM STAFF WILL RELEASE BOOKS & SUPPLIES TO THE STUDENT ONLY. If you require someone else to do your pick-up, you will need to request an AUTHORIZATION FORM. The AUTHORIZATION FORM must be completed and emailed to [collegeservices@fidm.edu](mailto:collegeservices@fidm.edu) before the scheduled pick-up date.

—OR—

### REQUEST SHIPPING OF BOOKS & SUPPLIES

2

<b>SHIPPING ADDRESS</b> <i>NO P.O. BOX ADDRESSES</i>	STREET ADDRESS		UNIT
	CITY	STATE	POSTAL CODE
	ADDITIONAL ADDRESS LINE		

**IMPORTANT:** STUDENTS ARE RESPONSIBLE FOR ALL SHIPPING CHARGES AND MUST APPROVE BEFORE SHIPMENT WILL BE RELEASED.

## PLEASE COMPLETE THIS FORM AND EMAIL TO [COLLEGESERVICES@FIDM.EDU](mailto:COLLEGESERVICES@FIDM.EDU)

FOR OFFICE USE ONLY	DATE RECEIVED	DATE PICKED UP	DATE SHIPPED
I VERIFY I HAVE RECEIVED ALL MY BOOKS & SUPPLIES	SIGNATURE		DATE