

BOOKS & SUPPLIES REQUEST FORM



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
--------------------------	-----------------	-------------

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 before the scheduled pick-up date.

—OR—

REQUEST SHIPPING OF BOOKS & SUPPLIES

2

SHIPPING ADDRESS <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

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