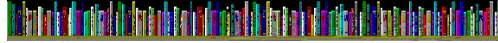




**Request for Disposal
of Instructional Material**



Please Print or Type and Submit Original

- STATE ADOPTED – OOA (Out-of-Adoption)
- NON-State Adopted, District Purchased

DEPARTMENT/CAMPUS:	DATE:
REQUESTED BY:	TELEPHONE NO: (956)
AUTHORIZED BY: TITLE: The McAllen Independent School District is making the following donation of instructional material. This material is no longer used as part of the curriculum.	REQUESTED METHOD OF DISPOSAL: <input type="checkbox"/> SHRED <input type="checkbox"/> RECYCLE <input type="checkbox"/> DONATE
_____ Authorizing Signature Date	

ISBN	Title/Description	Quantity	Conditions		
			Excellent	Good	Usable
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO NOT WRITE BELOW THIS LINE * FOR OFFICE USE ONLY

Material Donated to: _____
Organization: _____
Contact: _____
Address/Telephone: _____

Packaged Material -Freight Description-
Material must be packaged, marked and labeled, and in proper condition for transportation according to the applicable regulations of the department of transportation.
Total Units to be shipped in this cargo
Boxes _____ or # Pallets _____
_____ Prepared for shipping by