

CARREL/OFFICE RELOCATION FORM

IF YOU WISH TO BE RELOCATED TO A DIFFERENT CARREL OR OFFICE, YOU MUST COMPLETE THIS FORM. IF YOU ARE MOVING FROM A CARREL TO AN OFFICE, PLEASE FILL OUT A LIBRARY OFFICE APPLICATION.

Office Use Only
Reassignment: t:

PRINT NAME: _____ DATE: ____/____/____

CAMPUS POST OFFICE BOX (IF APPLICABLE): _____

INTENDED RESIDENCE WHILE COMPLETING DEGREE:

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

E-mail*: _____ (please print neatly)

**E-mail address is required for notification of assignment*

Current Carrel/Office number: _____

Please specify your first and second choices for relocation:

1st choice: _____ 2nd choice: _____

Please give your reason(s) for requesting relocation (*required*):

Though we will try our best to accommodate these requests, please understand that it is not always possible. Submit this form to the library secretary; please allow time for processing. You will be e-mailed with your new assignment. If you have any questions or need further assistance, please call 897-4807, Monday-Friday, 8:30AM-4:30PM, or send an e-mail to relves@sbts.edu.