



**NEWTOWN HIGH SCHOOL LIBRARY MEDIA  
CENTER ACADEMIC PASS**

*STUDENT COMPLETED – TEACHER APPROVED*

DATE \_\_\_\_\_ TIME \_\_\_\_\_ CLASS \_\_\_\_\_

PRINT Student Name \_\_\_\_\_

PRINT Teacher Name \_\_\_\_\_

Requested Resource(s) in the LMC (Please indicate):

\_\_\_ Individual Work Station    \_\_\_ Printing Document

\_\_\_ Computer    \_\_\_ Copier    \_\_\_ Collaboration

\_\_\_ References    \_\_\_ Research/Technology Assistance

**Teacher Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Content Focus:** \_\_\_\_\_



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