

TRANSFER OF MATERIALS

PLEASE COMPLETE THIS FORM AND SEND TO THE IMC ANY TIME YOU ARE TRANSFERRING MATERIALS TO OTHER TEACHERS.

ORIGINAL TEACHER NAME: _____ DATE: _____

NAME OF MATERIALS: _____

IMC NUMBER (IF APPLICABLE): _____

SENT TO: _____
(NAME OF OTHER TEACHER)

FOR: LOAN _____ RETURN _____

NEED MATERIAL BACK? YES _____ or NO _____
IF YES, DATE RETURNED _____

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