

# Dr. Martin Luther King Jr. Library Information Literacy Class Request Form

Please be advised, requests need to be processed 2 weeks before scheduled orientation.

Instructor \_\_\_\_\_ Submission Date \_\_\_\_\_

Department \_\_\_\_\_

Course \_\_\_\_\_ Class size \_\_\_\_\_

Preferred Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Date/Time \_\_\_\_\_

Alternate Date/Time \_\_\_\_\_

Format: In-Person \_\_\_\_\_

Virtual \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Librarian's Signature \_\_\_\_\_