

OPAC SEARCH FORM

NAME _____ Teacher _____

Section _____ Date _____

TOPIC _____

KEY WORDS I CAN TRY (Words that are related to my topic):

_____	_____
_____	_____
_____	_____

TITLES I FOUND ON THE OPAC **Call #** **Status** **Library**

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PLEASE HAVE THIS CHECK BY A LIBRARIAN OR TEACHER BEFORE YOU GO TO THE SHELVES TO LOCATE MATERIAL _____