READ FOR A LIFETIME
2008-2009 FINAL REPORTING FORM

School Name _____ **City**_____

Read for a Lifetime Coordinator _____ **Title** _____

Coordinators: The requested information for each student completing the program requirements of at least four books from the list provided at the beginning of the school year, **MUST BE PRINTED OR TYPED**. If a student read more than the required four, please **list ALL additional titles**. Due to delays and reprints caused by illegible handwriting, **cursive writing will not be accepted.** For additional space, please feel free to copy page two as needed. Please **LIST FIRST and CIRCLE** the name(s) of any senior(s) completing the program for the fourth consecutive year.

In order to process the certificates and have them back to you in a timely manner, this form must be returned to Jeanne Urbanek at the Illinois State Library by **April 10, 2009**. The address is 300 S. Second Street, Springfield, IL. 62701-1796 Fax: 217.782.1877 Email: **jurbanek@ilsos.net**

Please indicate the date you need to have your certificates in hand _____

Name	Grade Level	Book Title