

Southern Union
Library / Information Resources
School Contact Form
SY2019 -2020

Submit Form

Please return this form to your local conference Office of Education and to lirsupport@southernunion.com

School Name: _____ NAD Dashboard Org. ID: _____

CONTACT INFORMATION

1. School Principal: _____ Email address: _____
2. Library Contact Person: _____ New this year? Yes ____ No ____
3. Title or Position: _____ Email: _____
4. Volunteer: Yes ____ No ____

INFORMATION TECHNOLOGY

1. IT Person Name: _____ Phone number: _____
2. Staff: Yes ____ No ____ Volunteer: Yes ____ No ____ Contracted: Yes ____ No ____
3. Other: _____
4. Email address: _____
5. Internet Provider: _____ Monthly Cost: _____
6. Internet Filter: _____ Monthly Cost: _____
7. Type of discount: _____

*Contact SU-LIR @ lirsupport@southernunion.com

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