

# MEDIA REQUEST FORM

NAME: \_\_\_\_\_ SCHOOL/PARISH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

<u>NUMBER</u>	<u>TITLE</u>	<u>DELIVERY DATE</u>	<u>DELIVERY METHOD: COURIER-WALK-IN</u>
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**MAIL TO:** THE MEDIA CENTER 1935 LEWISTON DRIVE LOUISVILLE, KY 40216  
**PUT IN COURIER-** ALWAYS PLACE IN AN ENVELOPE AND WRITE MEDIA CENTER ON ENVELOPE

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