



Continuing Education Credit Request Form

Granted through the Department of Library and Information Studies,
School of Informatics at the University at Buffalo and
Western New York Library Resources Council, Buffalo, NY

A) I am requesting Continuing Education Credits (CEUs) for the following workshop/course/seminar: (One form per workshop per CEU request)

Title _____ Presenter _____

Date _____ Location _____

Starting Time _____ Ending Time _____

Total CEUs requested for this workshop: _____

B) Please Check:

___ I have enclosed a check made payable to WNYLRC for the amount of \$7.00.

C) Please send the certificate validating the CEU(s) to the following address:

Name _____ Title _____

Organization Affiliation _____

Phone # _____ Fax # _____ Email _____

Mailing Address:

Street: _____

City: _____ State: _____

Zip code _____

Signature: _____

Office Use

Approved By: _____

Date: _____ WNYLRC Representative _____