Hillsborough County Public Schools

DRC Self Published Author Intake Form



Submitted on:

Book Title:

Contact Person's Name:

Business/Agency Name:

Mailing address:

Phone Number/s:

Fax Number:

Contact Person's E-mail Address:

(If the author is different than the contact person, please provide the following:)

Author’s Name:

Author’s Mailing address:

Author’s Phone Number/s:

Author’s E-mail Address:

Subject matter and brief description of the book contents:

This is a mandatory item: Which one or more of the following professional, scholarly review sources reviewed your book? (• School Library Journal (SLJ) • Horn Book • Booklist • Kirkus):

A copy of the professional journal review(s), and 2 copies of book must be sent to District Review Committee: Attn: District Review Committee, ROSSAC/2nd Floor, 901 E. Kennedy Boulevard, Tampa, Florida 33602.