

INTER-LIBRARY LOAN REQUEST FORM

YOUR NAME: _____

YOUR TELEPHONE: _____

YOUR E-MAIL: _____

TODAY'S DATE: _____

BOOK REQUEST

TITLE OF BOOK: _____

AUTHOR: _____

PUBLISHER: _____

YEAR: _____

ISBN (if available): _____

OTHER INFORMATION: _____

PERIODICAL REQUEST

PERIODICAL TITLE: _____

VOLUME____ NUMBER____ DATE____ PAGES NEEDED____

ARTICLE AUTHOR: _____

ARTICLE TITLE: _____

ISSN (if available): _____

Please allow approximately 7-10 business days for a request to arrive.

SIGNATURE: X_____