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Checked the library catalog to make sure we don't already have the book? Read our ILL policies for possible restrictions?

Directions: Fill in blanks legibly, one form for each book requested.

Date: ____/____/____

Name: _____

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Date when this item will no longer be useful: ____/____/____

Allow 2 weeks for receipt. ASAP is NOT acceptable.

Book Information: Include as much information as you can. Be accurate and legible.

Author(s) – complete names: _____

Title of Book:

Publisher: _____

Date: _____ Edition: _____ Volume: _____ ISBN: _____

Where did you verify this citation? _____