

BOOKS ONLY

PLEASE PRINT

INTERLIBRARY LOAN REQUEST

NAME _____ Faculty/ Staff/ Student

STUDENT ID # _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

BOOK TITLE _____

AUTHOR _____ COPYRIGHT DATE _____

PUBLISHER _____ ISBN # _____

BOOK TITLE _____

AUTHOR _____ COPYRIGHT DATE _____

PUBLISHER _____ ISBN # _____

BOOK TITLE _____

AUTHOR _____ COPYRIGHT DATE _____

PUBLISHER _____ ISBN # _____

BOOK TITLE _____

AUTHOR _____ COPYRIGHT DATE _____

PUBLISHER _____ ISBN # _____

LAST DATE BOOK CAN BE USED _____