

Interlibrary Loan Request Periodical/Microfilm



Date _____

Last Name: _____

First Name: _____

Library Card Barcode: _____

Phone Number or Email Address _____

Title (Journal) _____

Title (Article) _____

Author _____

Volume: _____ Number: _____ Date: _____

Pages: _____ ISSN: _____

Date Needed: _____

(We cannot guarantee availability by a certain date.)

I will accept charges up to \$ _____

Signature _____

STAFF USE ONLY

Verify Patron Horizon Information

DATE INITIALS

Borrower # _____

Request Sent: _____ / _____

Requesting Library: _____

Item Received: _____ / _____

Microfilm Rtn'd: _____ / _____

Staff Initials: _____

Microfilm will be delivered to ESA only.

Notes: _____

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