

Book Request Form

Please fill in all parts of this section.

Name_____ Today's Date_____

Dept._____ Date Needed_____

Ext. or phone_____ Staff Student?_____

Beeper #_____

Needed for URGENT PATIENT CARE?*______

*Note: It often takes several weeks for a book to arrive.

Book Title:_____

Author(s)_____

Publisher_____

Date of Publication_____ City_____

ISBN#_____

Delivery: **ALL BOOKS MUST BE PICKED UP AT THE LIBRARY.** We will call you when they arrive, and tell you when they must be returned. These books are on loan to us, usually for just a few weeks.

PLEASE WRITE LEGIBLY!