

H.COUNCILL TRENHOLM STATE COMMUNITY COLLGE

Intra-Library Request Form

DATE: _____

REQUESTOR INFORMATION

NAME: _____ User ID # _____

(Please check one)

_____ FACULTY

_____ STAFF

_____ STUDENT

REQUESTING (Please check all that apply)

_____ Book
Call Number _____
Call Number _____
Call Number _____
Call Number _____
Call Number _____

_____ Periodical
Title: _____ Date of Pub: _____
Title: _____ Date of Pub: _____
Title: _____ Date of Pub: _____

_____ Audio Visual
Call Number _____
Call Number _____
Call Number _____

_____ Equipment
Call Number _____
Call Number _____

_____ Newspaper
Title: _____

Campus for Materials to be picked-up:

_____ Trenholm Campus

_____ Patterson Campus