

**H. COUNCILL TRENHOLM STATE COMMUNITY COLLEGE
LEARNING RESOURCE CENTER
LIBRARY REQUEST FORM**

PLEASE CHECK THE APPROPRIATE CATEGORY

BOOK(S)___ PERIODICAL(S)___ AUDIO-VISUAL MATERIAL___ AUDIO-VISUAL EQUIPMENT___ NEWSPAPER(S)___

TITLE: _____

AUTHOR: _____

PUBLISHER: _____

EDITION: _____

PUBLICATION DATE: _____

COST (IF AVAILABLE): _____

VENDOR INFORMATION

COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

(PLEASE INCLUDE ORDER FORM IF AVAILABLE.)

REQUESTOR INFORMATION

NAME: _____ **TITLE:** _____

DEPARTMENT: _____

Created by Robin D. Dennis, Library Secretary

November 2, 2011