

RETRIEVAL REQUEST

All items requested are library
use only.

* Use this form to request a periodical from storage

Thank you.

Today's Date: _____

Journal Title: _____

Vol/Date _____

Pages: _____

Your Name: _____

Address: _____

Phone #: Home- _____ Work- _____

Periodical retrieval is done M - F at 10:00 AM. Please check
back w/the Circulation Desk after this time to pick up your
request.