

# LIBRARY SELECTION FORM

Date needed by:

|  |       |                   |   |
|--|-------|-------------------|---|
| Title:   |       |                   | <b>For office use only.</b><br><input type="checkbox"/> T/A    APP _____<br><input type="checkbox"/> Ref <input type="checkbox"/> Spec Coll<br><input type="checkbox"/> Juv <input type="checkbox"/> Scholars<br><input type="checkbox"/> Other _____ |
| Author/Editor:   |       | Publication Year: |   |
| Publisher:   |       |                   | Bib ID  |
| Edition or Series:   | ISBN: | List: \$          | PO  |
| Format: (check one)<br><input type="checkbox"/> Book <input type="checkbox"/> DVD <input type="checkbox"/> CD <input type="checkbox"/> Other _____ |       |                   | Fund  |
| <i>All faculty requests require your Department Chair's signature.</i>   |       |                   | <input type="checkbox"/> Bookplate  |
| Your Name:   | Date: |                   | <input type="checkbox"/> Request has arrived and is shelved under the following Call#:  |
| Chair:   | Date: |                   |   |
| Comments:  |       |                   |   |

ENSOR LEARNING RESOURCE CENTER 5/08

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