

INTERLIBRARY LOAN REQUEST

Borrower's Name _____ Date _____

Address _____ City/Zip _____

Preferred Method of Notification (choose one):

Email: _____

Phone: _____

Check one:

Polk State Student

Polk State Faculty

Polk State Staff

| | |
|--------------|---------------------|
| Book: | Title: _____ |
| | _____ |
| | Author(s): _____ |
| | Edition/Year: _____ |
| | ISBN: _____ |

| | |
|-------------------------|---|
| Journal Article: | Article Title: _____ |
| | _____ |
| | Author(s): _____ |
| | Journal Title: _____ |
| | Vol: _____ No: _____ Date: _____ Pages: _____ |

Request Sent: ___/___/___

Item Received: ___/___/___

Item Returned: ___/___/___

Verified in: LINCC/ALEPH/Other

Librarian's Initials: _____

ILL Source: LINCC/OCLC

Suggested Lending Library: _____

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