

INTERLIBRARY LOAN REQUEST FORM  
For Items Outside of Los Rios District

Today's Date: \_\_\_\_\_

(Please print all information)

FULL NAME:	STUDENT ID:
ADDRESS:	DAY PHONE:
CITY, ZIP:	EVE PHONE:
E-MAIL ADDRESS:	

Office Use Only

LM
SE
SP

PLEASE LIMIT YOUR ORDER TO 5 BOOKS

↓ FOR OFFICE USE ONLY ↓

1	TITLE: _____	DATE REC'D: _____ FROM: _____	
	AUTHOR: _____		
	ISBN (optional): _____		
	TITLE: _____		DATE REC'D _____ FROM: _____
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ISBN (optional): _____			
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