

DISABILITY SERVICES

REQUEST FOR PHOTOCOPY/RETRIEVAL OF BOOKS FROM STACKS

Name: _____

Phone number where you can be reached: _____

Date needed (minimum 3 working days M-F) _____

Indicate items needed below, or attach this sheet to your syllabus, bibliography, etc. **List items in order of priority.**

1. Author: _____ Bobst Call# or Reserve# _____
Title: _____
If periodical, indicate title, volume, date and pages of the periodical:

2. Author: _____ Bobst Call# or Reserve# _____
Title: _____
If periodical, indicate title, volume, date and pages of the periodical:

3. Author: _____ Bobst Call# or Reserve# _____
Title: _____
If periodical, indicate title, volume, date and pages of the periodical:

Additional copies of this form may be made