

INTERLIBRARY LOAN REQUEST

Your School _____ Courier Delivery: MVLA OCLC Code: **VTV**
School Address _____ Date _____ Needed Before _____
_____ Contact Person _____
Phone _____

Book Author: _____

Book Title _____

Edition, publisher, date: _____

OR

Serial Title _____

Vol. _____ No: _____ Date: _____ Pages: _____ CCG: _____ CCL: _____

Article Author _____

Article Title _____

Route to these libraries	Call no:	Report:	Date:	Requesting library notes
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	