

INTERLIBRARY LOAN REQUEST / PERIODICAL / BOOK / A-V

College of Lake County | PHONE: (847) 543-2465, Shirley Haslow | FAX: (847) 223-7690

Please use ink! – One request per form, items in **bold** are required.

Request Date: _____

Last Date Needed: _____

(3 weeks minimum deadline date, 6 months from today if none specified)

Section 1: INFORMATION ABOUT YOU

CLC Students and Staff	Community Residents
Name _____	Name _____
CLC Student or Staff ID # _____	Library Barcode # _____
Phone Day: _____	Phone Day: _____
Phone Evening: _____	Phone Evening: _____
	Credit Card Guarantee: (Required for RESIDENTS ONLY) Are you willing to pay for items obtained for you on Interlibrary Loan if a charge applies?: [] Yes [] No
	Credit Card Number: _____
	Circle one: VISA Mastercard Discover
	Signature: _____
	Amount Willing to Pay: _____

Section 2: INFORMATION ABOUT THE ITEM YOU ARE REQUESTING

1. Title of Book, AV, or Magazine: _____
(Do not Abbreviate)

1b. **If Magazine:**
Article Title: _____
Article Author: _____
Volume: _____ Number: _____ Pages: _____ Publication Date: _____

1c. **If AV/Book:**
Author: _____
Publisher: _____ Pub Date: _____
Edition: _____ This Edition Only? ___ Yes ___ No (substitute with any available edition)

Please note: Notification will be made if an item cannot be obtained before the deadline

Section 3: WHERE DID YOU FIND OUT ABOUT THIS ITEM?

OCLC (Number): _____ And/Or ISSN/ISBN: _____

NSLS: _____ Authorizing Librarian: _____

Database: _____ Other Source: _____

Please print out and attach citation information if available.

