

# RETRIEVAL REQUEST

All items requested are library  
use only.

\* Use this form to request a periodical from storage

Thank you.

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

Journal Title: \_\_\_\_\_

Vol/Date \_\_\_\_\_ Pages: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Home- \_\_\_\_\_ Work- \_\_\_\_\_

Periodical retrieval is done M - F at 10:00 AM. Please check  
back w/the Circulation Desk after this time to pick up your  
request.