Digital Image Request Form

Visual Resources Library
Department of Visual and Media Arts

Please provide the following information for each request (i.e. book, periodical):

NAME:PHONE:					
BOOK TITLE / PERIODICAL TITLE, VOLUME & NO:					
DATE SUBMITTED:					
DATE REQUIRED:(to be entered by VRL staff)					
PURPOSE: Class this semester Class next semester Collection building					
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COMMENTS:					
(RECORD# to be entered by VRL staff)					
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