

## CLASS FORM

Washington University Libraries  
Department of Special Collections  
University Archives

Class Title: \_\_\_\_\_ Department: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ T.A.: \_\_\_\_\_

Instructor Contact, Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class Location: \_\_\_\_\_

Class Date and Time: \_\_\_\_\_

Number of Students: \_\_\_\_\_

### Items used in Class:

<u>Collection Name</u>	<u>Series/ Box</u>	<u>Folder</u>	<u>Item Description</u>
------------------------	--------------------	---------------	-------------------------

### FOR STAFF TO COMPLETE

1. \_\_\_ Tick if presentation made by Special Collections staff.
2. \_\_\_ Tick if material is lent, date out: \_\_\_\_\_; date in: \_\_\_\_\_. Location: \_\_\_\_\_