

Patron Name _____ Date Requested _____

For use on date(s) _____

Patron must complete and sign the **Patron Information Form** (or have one on file) and read and agree to abide by the **Materials Use Policies** before requesting paging. PLEASE PRINT CLEARLY.

Collection ID & Collection Name or Book Location Code	Series / Box or Book Call No.	Folder / Item or Author / Title	Staff Use	

For Staff Use

Check if restrictions: access _____ reproduction _____ other _____
Request granted by: _____ date: _____

Special instructions / notes: