

**Request Form for Print Resources located at the  
A.C Lewis Memorial Library Building**

Phone # \_\_\_\_\_

Email \_\_\_\_\_

G# \_\_\_\_\_

Name of Student \_\_\_\_\_

Title of Book \_\_\_\_\_

Call # \_\_\_\_\_

**For Library Staff Only**

Date Order Completed \_\_\_\_\_

Completed by \_\_\_\_\_