

## **LIBRARY MATERIALS REQUEST FORM**

REQUEST DATE:			
Personal Information:			
First Name:		Last Name:	
Phone:	Ext.	Email:	
Address:		Address 2:	
City/Town:	State	Zip/Postal Code:	
1. Shelf Number, Title/Copy # (if availal	ble)		
2. Shelf Number, Title/Copy # (if availal	ble)		
3. Shelf Number, Title/Copy # (if available)	ble)		
Details: YOU AGREE to the following when be	orrowing mate	rials from STAR NET Region II	:
<ol> <li>A maximum of 3 ITEMS may</li> <li>Materials are DUE BACK 1 M</li> <li>You are responsible for first-or</li> </ol>	be borrowed a IONTH from da class postage f	it a time.	s in person.
BORROW MATERIALS: Complete MATERIALS REQUEST FOR Fax, email, or phone request to STAF Phone: 224-366-8579Fax: 847-278-54 Email: <a href="mailto:gmusielski@cntrmail.org">gmusielski@cntrmail.org</a>	R NET Region	-	
Materials will be mailed to you, or you may pice	k them up from S1	TAR NET Region II office.	
Request filled by:			Shelf Card
Due Date:		Returned	Database Updated



Email: starnetregionii@cntrmail.org