

Interlibrary Loan Request Form

Please fill out the form below to request an item through interlibrary loan. You must complete the entire form.

REQUESTER INFORMATION:

Full Name: _____

IHS Email Address: _____

Phone Number: _____

Department or Mailing Address: _____

Check the appropriate box(es):

<input type="checkbox"/> Allen College Student	<input type="checkbox"/> Allen College Faculty/Staff	<input type="checkbox"/> Allen Hospital
<input type="checkbox"/> ASR Student	<input type="checkbox"/> Administration	<input type="checkbox"/> Physician
<input type="checkbox"/> BHS Student	<input type="checkbox"/> ASR Faculty	<input type="checkbox"/> Nurse
<input type="checkbox"/> BSN Student	<input type="checkbox"/> BHS Faculty	<input type="checkbox"/> Administration
<input type="checkbox"/> MSN Student	<input type="checkbox"/> Nursing Faculty	<input type="checkbox"/> Staff
<input type="checkbox"/> DNP Student	<input type="checkbox"/> Professional Staff	<input type="checkbox"/> Other
<input type="checkbox"/> Distance Student	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		

MATERIAL INFORMATION:

Today's Date: _____

Need by Date: _____

Material Type:

Journal Book Dissertation/Thesis Audio/Visual

Journal/Book/Dissertation/Video Title: _____

Article/Chapter Title: _____

Article/Chapter Author: _____

Publication Year: _____

Journal Volume: _____

Journal Issue: _____

Page Number: _____

Are you willing to pay Interlibrary Loan and/or Copyright Fees for this article?

Yes No

How much are you willing to pay? (Please enter a dollar amount between 0-99): _____