



**INTERLIBRARY REFERENCE SERVICE**  
REFERENCE REQUEST FORM

\_\_\_\_\_  
**TO:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**STAFF CONTACT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-Mail ADDRESS:** \_\_\_\_\_ **RESPONSE NEEDED BY:** \_\_\_\_\_

**DEPARTMENT:**       ADULT       JUVENILE       OTHER

**Question:**      (Be specific. For Juvenile, specify reading level. Print or type legibly. Use additional sheets, if needed.)

Local Sources Consulted (Specify Title):

\_\_\_\_\_  
**TO BE COMPLETED BY ANSWERING LIBRARY**      (Please Return This Request Form With Your Response)

**STAFF CONTACT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

Answer: (If more space is needed use additional sheets)