

INTERLIBRARY LOAN REQUEST (BORROWER)

Please complete the required fields below and submit to lmcintyr@robeson.edu. If you have any questions or need assistance, please call 910-272-3324.

Name: _____

Address: _____

Telephone: _____

Student: _____ **Faculty:** _____ **Staff:** _____ **Public:** _____

Book:

Book Title: _____

Book Author: _____

ISBN: _____

Copyright: _____

Publisher: _____

Periodical:

Periodical Title: _____ ISSN: _____

Article Name: _____

Article Author: _____

Volume: _____ Issue: _____ Date: _____ Pages _____

Subject Request (if unable to find any materials): _____

Date of Request: _____ **Not Needed After:** _____

Please answer the following questions:

1. Did you receive the interlibrary loan resources or the information requested? Yes No
2. Are you satisfied with the time it took to fill your ILL request? Yes No
3. Did th library staff assist you? Yes No

If yes, evaluate the service received.

- Very Satisfied Satisfied Neutral Very Dissatisfied

Signature: _____ **Date:** _____

Submit

Library Use Only

IL: _____

WF: _____

Date Sent: _____ OCLC: _____ ALA Form: _____

Date Received: _____

Contacted Patron: _____ Due Date: _____

Renewal Request Sent: _____ Renewal Due Date: _____

Date Returned: _____ Request Unfilled: _____

Lender: _____

Comment: _____