Priority Cataloging Request Form

Print and fill out the form below and mail or deliver the form to the Circulation Desk Supervisor, Helm-Cravens Library, 4th floor.

Check one:
Patron Use ___________
Reference ___________
Class Reserve ________ -- Course number _________________

Author: _____________________________________________________________

Title: ______________________________________________________________

Temporary control number: __________________________________________

Requested by: (Patron name) __________________________________________

I.D. number: _______________________________________________________

Department: (Faculty/Staff) __________________________________________

Phone number (daytime): ____________________________________________

Last revised August 19, 1996