Monmouth College Archives: Request for Use
A separate form is required for each collection requested

Today’s Date: ______________

Name of collection:

Call number: ___________________ Box number(s): __________

Date Needed by ___________________

Topic of your research project:

Your Name: _____________________________

Email: ______________________________

Please date the times when you have made use of the materials:

____________________  ______________________

____________________  ______________________

____________________  ______________________

____________________  ______________________

____________________  ______________________

____________________  ______________________

☐ Please check here when you have completely finished with the materials and are ready to have them returned to storage.

This form must remain with the research material

Staff Use Only:

Date retrieved: ____________ Initials ________

Date Reshelved _________ Initials ________ Discharge in-house browse_______

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Today’s Date: ______________

Name of collection:

Call number: ___________________ Box number(s): __________

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____________________  ______________________

____________________  ______________________

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____________________  ______________________

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Staff Use Only:

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