

**ELAC - INTRA LIBRARY LOAN  
REQUEST FORM**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_

Author: \_\_\_\_\_ Call #: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**FOR OFFICE USE:**

**Holdings:**

ELAC   
  S. GATE   
  LACC   
  LAHC   
  LAMC   
  LAPC   
  LASW   
  LATTC   
  LAVC   
  WLAC

<b>DATE REQUESTED</b>	
<b>DATE RECEIVED</b>	
<b>DATE CONTACTED</b> <small>BY PHONE OR EMAIL</small>	
<b>DATE CHECKED OUT</b>	
<b>DATE RETURNED</b>	

**Remarks:** (Use this section to note problems)