

**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

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

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