

*Required Fields

Last Name*

First Name

Student/Employee Number:*

Course/Department:*

Phone Number:*

Email:

Date:

Pickup Location:*

- Campbell River Campus
- Comox Valley Campus
- Port Alberni Campus
- Port Hardy Campus

Journal Title:*

Author(s):*

Article Title: *

Year (e.g. 1999): *

Volume/Issue #: *

Pages: *

ISSN (e.g. 1234-5678)

Requests will normally be filled within 2-5 days.

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Outlook Request #: _____ Campus Request #: _____

Date Received: _____ Date Returned: _____