

Video / DVD Interlibrary Loan Request Form

1 Faculty Information

*Required Fields

Faculty Name:*

Employee Number:

Phone Number: *

Email:

Date:

Campus:*

- Campbell River Campus
- Comox Valley Campus
- Mt. Waddington Campus
- Port Alberni Campus

2 Video / DVD Information

Title*

Format (VHS or DVD)*

Call Number*

Show Date*

Alternate Date

Lending Institution