

Ohio Valley University Library

Interlibrary Loan Request

Name: _____ Status: Student Faculty Staff

Email: _____ Telephone: _____ Date Needed: _____

Allow at least 2 weeks to receive the item. Complete one of the following (Book/Periodical) requests.

Book Request:

Title: _____

Author(s): _____

Publisher: _____

ISBN and date of publication: _____

Periodical Request:

Author(s): _____

Article Title: _____

Periodical Title (Name of Journal Name/Source): _____

Periodical ISSN: e.g. 000-000: _____

Year of Publication: _____

Volume Number/Issue Number/Pages: _____

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