



# Desk Copy Request Form

Please complete and return to Lori Johnson, 439 Willard.

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Title: \_\_\_\_\_ Course Number: \_\_\_\_\_

## Requested Book(s)

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

Author: \_\_\_\_\_ ISBN: \_\_\_\_\_

Edition: \_\_\_\_\_ Publisher: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Author: \_\_\_\_\_ ISBN: \_\_\_\_\_

Edition: \_\_\_\_\_ Publisher: \_\_\_\_\_

Signature: \_\_\_\_\_

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