



Desk Copy Request Form

Please complete and return to Lisa Herndon, 439 Willard.

Requestor's Name: _____ Date: _____

Position Title: _____ Course #: _____

Requested Book(s)

Book Title: _____

Edition: _____ ISBN: _____

Author(s): _____ Publisher: _____

Signature: _____

Book Title: _____

Edition: _____ ISBN: _____

Author(s): _____ Publisher: _____

Signature: _____

Book Title: _____

Edition: _____ ISBN: _____

Author(s): _____ Publisher: _____

Signature: _____