

**BOSTON PUBLIC LIBRARY
JOURNAL DOCUMENT DELIVERY REQUEST FORM**

<input type="text"/>	<input type="text"/>
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Library or Regional Interlibrary Loan Center

ID Number

REGION: Central Metrowest Northeast Southeastern Western

JOURNAL REQUEST CITATION

Full Periodical Title

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ISSN #

OCLC #

Vol #

Issue #

Date & Year of Article

Pages

Author(s)

Article Title

IAC Business Collection Control #

IAC Magazine Collection Control #

BPL Call #

BPL Location:

RLP

GLP

GLM

KBB

Other

CITATION VERIFICATION SOURCE

<input type="checkbox"/> <i>IAC Search Bank</i>	<input type="checkbox"/> <i>EBSCO</i>	<input type="checkbox"/> <i>Uncover</i>	<input type="checkbox"/> <i>Proquest</i>	<input type="checkbox"/> <i>Reader's Guide</i>	<input type="text"/>	<input type="text"/>
					<i>Date</i>	<i>Page(s)</i>
<input type="checkbox"/> <i>Other (specify):</i>	<input type="text"/>				<input type="checkbox"/> <i>Unable to Verify</i>	

REQUESTING LIBRARY INFORMATION

<input type="text"/>	<input type="text"/>	
<i>Requesting Library</i>	<i>Contact Person</i>	
<input type="text"/>	<input type="text"/>	
<i>Telephone Number</i>	<i>Fax Number</i>	<i>E-Mail Address</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Date of Request</i>	<i>NOT NEEDED AFTER DATE</i>	<input type="checkbox"/> <i>Request complies with copyright laws</i>

DELIVERY METHOD PREFERRED

<input type="checkbox"/> <i>Fax to Library</i>	<input type="checkbox"/> <i>Regional Delivery to Library</i>	<input type="checkbox"/> <i>Ariel Transmission to Library</i>
<input type="checkbox"/> <i>Fax to Client</i>	<input type="checkbox"/> <i>Mail to Client</i>	<i>Specify IP Address</i>
<input type="checkbox"/> <i>Pickup at BPL Catalog Information Department (Research Library-Copley Square)</i>		
<input type="checkbox"/> <i>Pickup at Other BPL Site (specify):</i> <input type="text"/>		

CLIENT INFORMATION {Required only if response is to be sent to client}

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of Client</i>	<i>Street Address</i>	<i>City, State, Zipcode</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Telephone Number</i>	<i>Fax Number</i>	<i>E-Mail Address</i>

DISPOSITION OF REQUEST {To be Completed by BPL Staff}

<input type="checkbox"/> <i>Citation Verified</i>	<input type="checkbox"/> <i>From BPL</i>	<input type="checkbox"/> <i>From Other Library</i>	<input type="checkbox"/> <i>Not Filled</i>
<input type="checkbox"/> <i>Unable to Verify Citation</i>	<input type="checkbox"/> <i>From BRLS Library</i>	<input type="checkbox"/> <i>From Commercial Service</i>	