

Oregon State University Libraries
Request for Retrieval of Library Materials

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Call Number: _____

Title: _____

For Journals:

Vol#: _____

Date: _____

Pages: _____

Requests will be filled within 24 hours. If someone is available to retrieve the materials, the request will be filled immediately. You will be notified when they are available to be picked up at the Circulation Desk.