

**MANUSCRIPT/BOOK/PERIODICAL
REQUEST FORM**

MANUSCRIPT

Date: _____ Staff Initials: _____

Patron: _____

Manuscript Collection: _____ Coll. # _____

Box # _____ Returned: _____ Box # _____ Returned: _____

Box # _____ Returned: _____ Box # _____ Returned: _____

Manuscript Collection: _____ Coll. # _____

Box # _____ Returned: _____ Box # _____ Returned: _____

Box # _____ Returned: _____ Box # _____ Returned: _____

Manuscript Collection: _____ Coll. # _____

Box # _____ Returned: _____ Box # _____ Returned: _____

Box # _____ Returned: _____ Box # _____ Returned: _____

BOOK/PERIODICAL

LC# _____ Author: _____ Returned: _____

Short Title: _____

LC# _____ Author: _____ Returned: _____

Short Title: _____

LC# _____ Author: _____ Returned: _____

Short Title: _____

LC# _____ Author: _____ Returned: _____

Short Title: _____

SAA Museum Archives Section Working Group Example