

# SLIDE REQUEST FORM

DAAP Library  
University of Cincinnati

requestor	phone number	date needed	<input type="checkbox"/> faculty <input type="checkbox"/> student
author	title		call no.

page	fig/pl	S T A F F U S E O N L Y					
		author (main) (dates)	title	date of work	med/dim	location	SOURCE DOA
		subject 1. heading 2.	3. 4.	added entry:	call #	bar code	ULAN MEA
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