

I.S.U. Oboler Library – **Document Delivery Request Form** – Campus Box 8089

NOTICE

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Print, fill-out and FAX form to 282-5847 (preferred method)

or call 282-3249 to submit request information.

REQUIRED INFORMATION

(Incomplete forms will not be processed.)(ie. citation information, etc.)

***** Requestor**

Name: _____

Judge/Clerk, Attorney, Community, Idaho Resident, 6th District Inmate, Out of State

Department: _____ Phone: _____

Email: _____

***** Delivery**

Name: _____ Address: _____

_____ City: _____ State: _____ Zip: _____

Method of delivery:

FAX # _____, Mail, Self Pick Up (Library, 1st floor Circulation),

Rush (same day if received by 3pm-FAX or Self Pick Up only, pick up between 8am-5pm M-F, additional fees apply)

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***** Law Legal Citations:**

Citation #1: _____

_____ ELI Call # _____

Citation #2: _____

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Citation #3: _____

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Attach additional sheet if needed.

***** Journals/Periodicals/Newspapers:**

Journal Title: _____

Vol.: _____ Issue no.: _____ Date / DOD: _____ Pages: _____

ELI call # / Location: _____

Title of Article: _____

Author of Article / Obituary Name: _____

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Title: _____

Chapter to be copied / pages: _____

ELI call # / Location: _____

Date of Publication: _____ Publisher: _____ This edition only? Y__ N__

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TOTAL Charges: \$ _____

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