

# Library PHSU ILL Request Form

/\*\* indicates required fields.

**First Name\***

**Last Name\***

**Email Address\***

**Phone Number\***

**Affiliation\***

- ☐ School of Medicine
- ☐ Behavioral & Brain Sciences
- ☐ Public Health Program
- ☐ School of Dental Medicine
- ☐ School of Nursing
- ☐ Residents
- ☐ Others

**Current Status\***

- ☐ Student
- ☐ Faculty
- ☐ Staff

# Item Information

Please provide requested item information below.

## What Type of Material Do You Need?\*

### ☐ Journal Article

Journal Title\*

Article Title\*

Author\*

Volume\*

Issue\*

Pages

Year\*

Unique Identifier (UID)

### ☐ Book Chapter

Book Title\*

Chapter Title and/or Number\*

Author\*

Publisher

Chapter Pages

Year\*

ISBN