

DOCUMENT REQUEST FORM

1. Article Information:

A separate form must be used for **each** journal article request.

Please attach a printout of your reference/citation to this form **or** fill out the fields below.

Today's date:

Title of journal or conference (required):

Title of article (required):

Author of article:

Database used, if applicable:

Year (required):

Month:

Volume (required):

Issue:

Page(s)(required):

2. Delivery Method: You MUST choose the method in which you would like to receive the document.

Please check the appropriate box:

Email PDF

Pickup at Library

Mail on Campus

Mail off Campus
(Additional for \$3.00 S&H)

3. Delivery Time and Cost:

Regular: 4-10 business days, \$1.00

Rush: 1-3 business days, \$10.00

4. Client Information:

Please be advised, orders cannot be processed without ALL of the following client information. Thank you.

Name (required):

Campus or home mailing address (required):

Department affiliation (required):

Telephone (required):

Email (required):

5. Please indicate your status at Stevens (required):

Undergraduate student

Graduate Student

Ph.D. student

Faculty

Staff

6. Payment options: Please indicate which payment option you are using.

Option #1: Attach payment to this form and return to Circulation Desk.

Option #3: Department Account/Grant Number [10 digits] (required here): _____

Option #2: Library Deposit Account - Signature of Account Holder (required here):

Department Head or Grant Administrator Signature (required here):

7. Please return this form to the Circulation Desk.

=====THIS SECTION FOR LIBRARY USE ONLY: =====

Payment received: Yes No Initials: _____ Date: _____ Vendor: _____

Money returned: Yes No Initials: _____ Date: _____