Rare Books/Special Collections Registration and Request Form

Reader’s Name:______________________________  Today’s Date:____________

Category (circle one):  CU Faculty/Staff, CU graduate, CU undergraduate,
CU Alumnus, Visiting Scholar, Local Community, Other

Affiliation:  __________________________________________________________

Contact Information: ______________________________ (email/phone)

Signature: __________________________________________________________

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Rare Book Title: ____________________________________________________

Call Number: ________________________________________________________

Volumes (if multi-volume): ____________________________________________

Publication Date (if known): ____________________________

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(This section is for staff use only)

Time received:  Time returned:  Staff initials:

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Guidelines for Use:
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12/2012