

REQUEST FOR REFERENCE MATERIALS



LIBRARY/ARCHIVES DIVISION
NEBRASKA STATE HISTORICAL SOCIETY

Researcher Name: _____

Table #: _____ Date: _____

FOR LIBRARY MATERIALS:

Call #: _____

Title: _____

Author: _____

Vol./Date: _____

FOR ARCHIVAL COLLECTIONS, AUDIO-VISUAL & PHOTOS:

Collection #: _____

AV or Photo #: _____

Coll. Title or AV/Photo Description: _____

Container #(s) [box, drw., vol., roll, item]: _____

FOR STAFF USE:

Location: _____ Pulled by: _____

Date Reshelfed: _____ Reshelfed by: _____

Comments: _____

Not at prescribed location

Staff requesting
Material