

**NSU Library – Book Request Form**

**FAX to: 757-823-2431**

Book Title: \_\_\_\_\_

Author: \_\_\_\_\_

Publisher: \_\_\_\_\_

Year: \_\_\_\_\_ Edition: \_\_\_\_\_

Volumes: \_\_\_\_\_

Cost: \_\_\_\_\_ LC No. \_\_\_\_\_

ISBN: \_\_\_\_\_

Your Name: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty/Staff \_\_\_\_\_ OR Student \_\_\_\_\_

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