Washington University in St. Louis
University Libraries
Department of Special Collections

Paging Request Form

Patron Name _____ Request Date _____

*Patron must complete and sign the **Patron Information Form** (or have one on file) and read and agree to abide by the **Materials Use Policies** before requesting paging.*

Collection ID or Book Call No.	Collection Name or Book Title	Series Name/No. or Book Author	Box/Folder Nos. or Item	Staff Use

For Staff Use

Unit(s): _ FMA _ MSS _ MGHL _ RB _ WUA

Method(s) of contact: _ In-person _ Phone _ Email _ Other

Restrictions: _ Access _ Reproduction _ Other

Request granted by: _____ Date: _____