

New Periodical Request Form

[Faculty member completes top section and sends form to department's [Library Liaison](#)]

Department or Program _____

Periodical Title _____

Publisher _____

Rationale for subscription _____

Backfiles wanted. Specify inclusive years/volumes _____

Requester's signature _____ Date _____

Department Head/Chair signature _____ Date _____

The following section will be completed by the Library Liaison (Subject Librarian)

ISSN# _____ First year of publication _____ Frequency _____

Subscription prices (circle format wanted):

Print _____ Electronic _____

Database access or indexing _____

Area holdings _____ ILL requests from past 3 years _____

Comments from Library Liaison _____

Review(s) attached _____

Signature of Library Liaison _____ Date _____

Signature of Asst. Dean for Collections and Technical Services

_____ Date _____