

**Special Collections
University of Maryland Libraries
Interlibrary Loan of Microfilm of Manuscripts and Archives
Request Form**

Date:	
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Patron Requesting Microfilm Information

Patron Name:	
Patron Address (incl. City, State Zip)	
Patron Phone/Fax:	
Patron Email:	

Borrowing Institution Information

Borrowing Institution Name:	
Borrowing Institution Address (incl. City, State Zip)	
Borrowing Institution Contact:	
Borrowing Institution Phone/Fax:	
Borrowing Institution Email:	

Collection Information

Collection Requested:	
Reel Number(s):	
Cost of Replacement if Lost or Damaged:	