St. Ambrose University Library

Video/DVD Order Request Form

Please type or print all information

Title: __________________________________________

Distributor: ____________________________________

ISBN/Stock #: ____________________ Pub Date: _____ Price: _______

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Direct Order Information (if known):

Company: _______________________________________

Address: _______________________________________

Phone: ___________________________ Web Address: ___________________________

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Videos/DVDs will be charged to the Library Video Budget

Faculty Requesting Video: ___________________________

Department: ______________________________________

Email: __________________________________________

_____ Please email me when the video has been received.

Please rate this order:

_____ This will be used for a class I am teaching this year.

_____ This will be used for a class I plan to teach next year.

_____ This would be good for the collection, either to fill a gap or to balance the collection.

Return this form to Eliza Gillies, Acquisitions Assistant, at the Library

08/08