

Material Recommendation Form

Name: _____

Address: _____

Phone: _____ Email: _____

Represents: Self ___ Organization ___

(If person making the recommendation represents an organization)

Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Please complete the following to help us consider materials to add to the Library's collection.

(If the item is not a book, please change wording so it applies)

Title: _____

Publisher: _____

ISBN (if known): _____

Author: _____

Publication date and edition: _____

Preferred format:

Other related information about the material:

Additional comments:
