

St. Ambrose University Library
Video/DVD Order Request Form

Please type or print all information

Title: _____

Distributor: _____

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

Direct Order Information (if known):

Company: _____

Address: _____

Phone: _____ Web Address: _____

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