

**Halifax Regional Medical Center
Medical Library**

Book Loan Request Form

Lynn Powell, Library Coordinator
Phone: 252-535-8668 Fax: 252-535-8595
Email: lpowell@halifaxrmc.org

Title _____

Call Number (if available) _____

Author _____

Date Needed _____

Borrower Signature _____

Borrower Address _____

Borrower Telephone _____

Date Requested _____

Conditions of loans:

- 1. All materials must not be passed to any third party.**
- 2. The borrower will be personally responsible for taking care of borrowed materials.**
- 3. The borrower will be responsible for the replacement cost of any material lost or damaged.**

For Library Use Only:

Date Due: _____

Date Returned: _____