

**SPECIAL COLLECTIONS & UNIVERSITY ARCHIVES
THE JEAN AND ALEXANDER HEARD LIBRARY
RECORDS RETURN FORM
322-2807**

Date Requested _____ Date Returned _____

Borrower (Please Print Name) _____

Signature _____

Department _____

Telephone Number _____ Fax Number _____

Purpose:

- Temporary Return
- Permanent Return

Item(s) Description _____

Date Returned (If returned) _____ Archivist _____

This form is to document the return of records to the department from which they came.