HARPER COLLEGE ARCHIVES
Borrowing Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Date of Request: _____ Expected Date of Return: _____

Title: _____

Collection Name: _____

Date of Item: _____

Reasons for Request:
_____
_____
_____
_____

Condition of Material at Time of Request:
_____
_____
_____
_____

Signature of Borrower: _____ Date: _____

Signature of Archivist: _____ Date: _____

Please return material to Harper College Archives

Condition on Return:
_____
_____
_____

Signature _____ Date _____