

KENT STATE UNIVERSITY LIBRARIES

SERIALS DEPARTMENT
LIBRARY, ROOM 370
KENT, OHIO 44242
330-672-5000
E-MAIL: SERIALS@KENT.EDU

ORDER REQUEST

Submit to Kay Downey (mdowney1@kent.edu)

Order Request No. (system supplied) _____

Requested By: *Name: _____ * Requesting Department: _____

* E-mail: _____ *Phone: _____

*Date This Request Submitted _____ * Date Resource Needed: _____

Title Information: See price request no. _____

If no previous price request has been submitted for this resource, please provide the following information:

*Title: _____ Publisher: _____

Type of Resource: _____ Publisher Website URL: _____

*If we currently subscribe to print, ok to cancel? _____ Access for: _____ Kent campus only _____ Kent + regionals

*Where did you hear about this resource? _____

Please note: We will order this in online-only format unless otherwise specified: _____

Additional comments or information: _____

FOR COLLECTION MANAGEMENT USE: Date rec. MCD _____ Date sent to MMS _____

Vendor: _____ Vendor contact: _____

Other holdings in KentLINK: .b _____ Cancel print: _____ Yes _____ No

Pub's Price: _____ Apply 125% _____ Yes _____ No Fund _____ Transfer funds from _____ to _____

Purchase access for: _____ Kent only _____ Kent + regionals

☐ Purchase archive pkg. for \$ _____ Charge Fund _____

Order record notes: _____

Additional Comments/ Instructions: _____

FOR SERIALS STAFF USE:

Date rec. Serials Staff _____ Date order placed: _____ .o _____ .b _____

License requested _____ License rev./ sent to University Counsel _____ Date print cancelled _____

Anita notified _____ Date sent to ERM librarian _____ Date access verified _____ Date added to OL & SER.SOL. _____

Date Funds Transf. _____ Date sent to cataloging _____ Date MCD and Reference notified _____

Notes: _____