Digitization & Preservation Work Request Form

University Libraries, Pennsylvania State University

Receipt of work does not guarantee approval to process.

Library Contact: _____

Dept. Address: _____

Phone / email: _____ **Date Needed:** _____

For: (circle all that apply) **Collections Care** **Conservation** **Digitization** **Microfilming**

Call Number/Bar Code	Title/Description/Project

Receipt

Librarian/Archivist/Curator Date Department Head (Optional)

(Digi/Pres) I acknowledge the receipt of the above items/objects Date

Digi / Pres Use Only

Assigned to

Return Acknowledgment

Authorized Institutional Representative/Owner Date

Digitization & Preservation Representative Date

V 1.0