



Library

Reservation Request Form
Caine Road / Oxford Road Campus

Date: _____

Acc. No.: _____ Call No.: _____

Title: _____

Requested by: _____

Staff / Student No.: _____

E-Mail Address: _____@cfhc.caritas.edu.hk

<u>For Library Use Only</u>	
Available on :	_____
Staff initial :	_____
Date :	_____
Remarks :	_____

