



Reservation Request Form
(Request For Book Transfer Service)

CR Campus / TKO Campus

Date : _____

Acc. No. : _____ **Call. No. :** _____

Title : _____

Requested by : _____

Staff / Student No. : _____

E-Mail Address : _____

<u>For Library Use Only</u>	
Staff initial	: _____
Remarks	: _____
<hr/>	
Handled by	: _____
Date	: _____
Remarks	: _____