

# The Chinese University of Hong Kong Library

## Loan Request Form

Ref. No. \_\_\_\_\_

Tel: 3943 7306 (University Library)  
3505 2459 (Medical Library)

Fax: 2603 6842 (University Library)  
2637 7817 (Medical Library)

*The provision of personal data on this form is voluntary. If you do not provide sufficient information, we may not be able to process your request. For details of the CUHK's privacy policy, please visit: <http://www.cuhk.edu.hk/english/privacy.html>.*

**TYPE or PRINT the following in detail, and attach your source of reference, if possible. One form for one request only.**

**\*\* Please check the box as appropriate.**

---

Book Author/Editor \_\_\_\_\_

Book Title \_\_\_\_\_  
\_\_\_\_\_

Year \_\_\_\_\_ Edition \_\_\_\_\_ Place of publication \_\_\_\_\_  
Publisher \_\_\_\_\_ ISBN \_\_\_\_\_

---

\*\* Book loans from local libraries are usually free of charge while those from overseas libraries may incur handling charges and air mail postage. If the item is not available locally, would you prefer us to try overseas sources? [ ] Yes [ ] No

If yes, please quote the maximum cost that you would allow for: HK\$ \_\_\_\_\_

---

\*\* Charge payable by

- [ ] Department Dept. Head's Signature \_\_\_\_\_  
Department Account Code \_\_\_\_\_ (company code+cost centre/project code+account code)  
[ ] Research Account Code \_\_\_\_\_ (company code+cost centre/project code+account code)  
[ ] Self-payment

---

Requester's Name & Title

\_\_\_\_\_  
(in English) (in Chinese) University I.D. \_\_\_\_\_

Department (in full)

\_\_\_\_\_  
Phone, E-mail \_\_\_\_\_

\*\* Status: [ ] Teaching Staff [ ] Administrative Staff  
[ ] Post-graduate Student [ ] Others

---

*I hereby undertake to conform to the copyright regulations*

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_