DIXSON LIBRARY SPECIAL COLLECTIONS

SPECIAL COLLECTION USE

(To Be Issued To The Library Patron)

Collection : _____

Name : _____ Date : _____

Materials Consulted (list titles)

_____
_____
_____
_____
_____
_____

Photocopying

If you wish to make photocopies of Special Collection materials, please take this material to the Open Reserve where a copier is available for this purpose. Please take extreme care when copying materials, particularly those of a fragile nature. Please list below titles of materials that were photocopied :

_____
_____
_____
_____
_____
_____

How useful was the material you used from the collection?
(Please tick one)

Essential to your research [ ]

Very useful [ ]

Marginally useful [ ]

Not relevant [ ]

Your help in completing the form is requested. Your information helps the Library to provide books, journals and other materials and services relevant to current research. Moreover, proof of usage helps justify further funding support for Special Collections.