Call Number: ____________________________________________

Title: __________________________________________________

Location: (Check all that apply)

☐ Book Microfilm
☐ General Collection
☐ General Collection Folio
☐ FolioQ
☐ Manuscript Collection
☐ Manuscript Microfilm
☐ Map
☐ MapQ
☐ MapF
☐ Pamphlet
☐ PamphletQ
☐ PamphletF
☐ Visual Collection
☐ Other: ____________________________

Patron Name: ____________________________________________

(Last) (First) (Initial)

I agree to follow the procedures outlined in the Library Use Policy.

Signature: ____________________________ Date: ________________

William H. Smith Memorial Library, Indiana Historical Society, 450 West Ohio Street, Indianapolis, Indiana 46202