



**FACULTY/STAFF  
LIBRARY BOOK OR MATERIALS REQUISITION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Contact Info: \_\_\_\_\_

Course Resource is Intended for: \_\_\_\_\_

Date Resource is Required: \_\_\_\_\_

Subject of Requested Materials of Title: \_\_\_\_\_

\_\_\_\_\_

Please indicate if you would like to schedule an appointment with Sisalee Hecht, Director of Library Services, to discuss your request.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sisalee M. Hecht, MSLIS, AHIP  
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Eastwick College/HoHoKus School  
[shecht@eastwick.edu](mailto:shecht@eastwick.edu)  
201-327-8877, ext. 8286**