LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: V.A.M.C. ____________________________

DATE: June 17, 1982 ______

Prefer ILL forms to telephone requests: x yes ___ no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): x yes ___ no

Require follow-up ILL form: ___ yes x no

Verification note required on ILL form: ___ yes x no

Unverified requests accepted: x yes ___ no

Exceptions made for incomplete citations: x yes ___ no

Articles up to ___ 50 ___ pages will be copied.

Turn-around time expectation: ___ 3 ___ days.

Will lend unbound journals: x yes ___ no

Will lend bound journals: x yes ___ no

Restrictions placed on date of journals lent: x yes ___ no
(examples: current year not lent)

Restrictions: Current issue, very heavily used.

Journal loan period: ___ 2 weeks ______

Will lend journal if article exceeds ___ 50 ___ pages.

Will lend books: x yes ___ no ___ occasionally

Book loan period: ___ 3 weeks ______

Renewals allowed: x yes ___ no Period: ___ 1-2 weeks ______

Will lend audiovisuals: x yes ___ no ___ occasionally

Audiovisual loan period: ___ 2 weeks ______

Negotiable on limits.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: FERNBANK SCIENCE CENTER

DATE: JUNE 17, 1982

Prefer ILL forms to telephone requests: ___ yes ___ no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): ___ yes ___ no

Require follow-up ILL form: ___ yes ___ no (prefer it though)

Verification note required on ILL form: ___ yes ___ no

Unverified requests accepted: ___ yes ___ no (prefer verified)

Exceptions made for incomplete citations: ___ yes ___ no

Articles up to ___ pages will be copied.

Turn-around time expectation: ___ days.

Will lend unbound journals: ___ yes ___ no

Will lend bound journals: ___ yes ___ no

Restrictions placed on date of journals lent: ___ yes ___ no
(example: current year not lent)

Restrictions:

Journal loan period: __________________________

Will lend journal if article exceeds ___ pages.

Will lend books: ___ yes ___ no ___ occasionally

Book loan period: ___ 1 month ___

Renewals allowed: ___ yes ___ no Period: ___ 2 weeks ___

Will lend audiovisuals: ___ yes ___ no ___ occasionally

Audiovisual loan period: ___ 1 month ___

ADDITIONAL COMMENTS OVER.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Fernbank Science Center

DATE: June 17, 1982

Prefer ILL forms to telephone requests: yes / no (limit = 2 per day)

Will take telephone requests (limit = 2 per day): yes / no

Require follow-up ILL form: yes / no (prefer it through)

Verification note required on ILL form: yes / no

Unverified requests accepted: yes / no (prefer verified)

Exceptions made for incomplete citations: yes / no

Articles up to _____ pages will be copied.

Turn-around time expectation: _____ days.

Will lend unbound journals: yes / no

Will lend bound journals: yes / no

Restrictions placed on date of journals lent: yes / no
(examples: current year not lent)

Restrictions: ________________________________

Journal loan period: __________________________

Will lend journal if article exceeds _____ pages.

Will lend books: yes / no occasionally

Book loan period: _____ months

Renewals allowed: yes / no Period: _____

Will lend audiovisuals: yes / no occasionally

Audiovisual loan period: _____ months

ADDITIONAL COMMENTS: Over.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Doctors Hospital

DATE: June 18, 1982

Prefer ILL forms to telephone requests: ___yes ___no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): ___yes ___no

Require follow-up ILL form: ___yes ___no

Verification note required on ILL form: ___yes ___no

Unverified requests accepted: ___yes ___no

Exceptions made for incomplete citations: ___yes ___no

Articles up to ___20___ pages will be copied.

Turn-around time expectation: ___2___ days.

Will lend unbound journals: ___yes ___no

Will lend bound journals: ___yes ___no

Restrictions placed on date of journals lent: ___yes ___no
(examples: current year not lent)
Restrictions:

Journal loan period: ___1 week___

Will lend journal if article exceeds ___20___ pages.

Will lend books: ___yes ___no ___occasionally

Book loan period: ___2 weeks___

Renewals allowed: ___yes ___no Period: ___1 week___

Will lend audiovisuals: ___yes ___no ___occasionally

Audiovisual loan period: ___

ADDITIONAL COMMENTS OVER.
LIMIT: 2 requests per library per day; 7 requests per library per month.

H. Custer Naylor Library

LIBRARY: Mercer University School of Pharmacy (GAPh)

DATE: June 18, 1982

Prefer ILL forms to telephone requests: yes no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): yes no

Require follow-up ILL form: yes no

Verification note required on ILL form: yes no

Unverified requests accepted: yes no

Exceptions made for incomplete citations: yes no

Articles up to 25 pages will be copied.

Turn-around time expectation: 1-2 days.

Will lend unbound journals: yes no

Will lend bound journals: yes no

Restrictions placed on date of journals lent: yes no
(example: current year not lent)
Restrictions: current 2 weeks not lent

Journal loan period: one week

Will lend journal if article exceeds 25 pages

Will lend books: yes no occasionally

Book loan period: two weeks

Renewals allowed: yes no Period: two weeks

Will lend audiovisuals: yes no occasionally

Contact Dr. Alan McKay, Director, Learning Resources Center

Audiovisual loan period: 

ADDITIONAL COMMENTS OVER.

Consortium members may borrow more than 7 articles per month if the titles are unique to our collection.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Georgia Baptist Medical Center—Medical Library

DATE: 6-18-82

Prefer ILL forms to telephone requests: __ yes __ no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): __ yes __ no

Require follow-up ILL form: __ yes __ no

Verification note required on ILL form: __ yes __ no

Unverified requests accepted: __ yes __ no

Exceptions made for incomplete citations: __ yes __ no

Articles up to ___30___ pages will be copied.

Turn-around time expectation: ___2___ days.

Will lend unbound journals: __ yes __ no

Will lend bound journals: __ yes __ no

Restrictions placed on date of journals lent: __ yes __ no
(example: current year not lent)

Restrictions: Most recent issue will not be lent

Journal loan period: ___2 weeks___

Will lend journal if article exceeds ___25___ pages.

Will lend books: __ yes __ no __ occasionally

Book loan period: ___2 weeks___

Renewals allowed: __ yes __ no Period: ___1 week___

Will lend audiovisuals: __ yes __ no __ occasionally

Audiovisual loan period: ___2 weeks___

ADDITIONAL COMMENTS OVER.

I will not restrict calls to 2 a day or seven request a month. At present it is not a burden to this library, but if it should become a burden, then it would be necessary to require restrictions. I am willing to try a three months trial (Jul-Sep).
ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM
INTERLIBRARY LENDING PROFILE

LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: St. Joseph's Hospital

DATE: June 22, 1982

Prefer ILL forms to telephone requests: _______ yes _______ no
(limit = 2 per day)

Will take telephone requests (limit = 5 per day): _______ yes _______ no

Require follow-up ILL form: _______ yes _______ no

N/A Verification note required on ILL form: _______ yes _______ no

Unverified requests accepted: _______ yes _______ no

N/A Exceptions made for incomplete citations: _______ yes _______ no

Articles up to _______ pages will be copied. (will make exceptions)

Turn-around time expectation: _______ days.

Will lend unbound journals: _______ yes _______ no (will make exceptions)

Will lend bound journals: _______ yes _______ no

Restrictions placed on date of journals lent: _______ yes _______ no
(example: current year not lent)

Restrictions:

Journal loan period: _______ 1 week

Will lend journal if article exceeds _______ pages.

Will lend books: _______ yes _______ no _______ occasionally (will make exceptions)

Book loan period: _______ 2 weeks

Renewals allowed: _______ yes _______ no _______ occasionally

N/A at this time: will lend audiovisuals: _______ yes _______ no _______ occasionally

N/A at this time: Audiovisual loan period:

ADDITIONAL COMMENTS OVER.
We do not believe in the restriction of 7 requests/library/month. We are willing to fill all requests from fellow consortium members.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Crawford W. Long Memorial Hospital

DATE: June 23, 1982

Prefer ILL forms to telephone requests: X yes no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): X yes* no

Require follow-up ILL form: yes X no

Verification note required on ILL form: X yes no

Unverified requests accepted: yes X no

Exceptions made for incomplete citations: X yes no

Articles up to 20 pages will be copied.

Turn-around time expectation: 2-3 days.

Will lend unbound journals: yes X no

Will lend bound journals: X yes no

Restrictions placed on date of journals lent: X yes no
(example: current year not lent)

Restrictions: Some restrictions on Nursing Journals (current five years) -
selected titles

Journal loan period: 1 week (Nursing Journals and current five years) 2 weeks (all others)

Will lend journal if article exceeds 20 pages.

Will lend books: X yes no occasionally

Book loan period: 1 week (Nursing Texts) 2 weeks (all others)

Renewals allowed: yes X no Period:

Will lend audiovisuals: X yes no occasionally

Audiovisual loan period: 2 weeks

ADDITIONAL COMMENTS OVER.

(Over)
Comments:

* Must send ILL form during the months of June, July and August.
Requests limited to those materials owned only by this Library, unless some dire emergency, bindery, etc.

LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Georgia Department of Human Resources

DATE: June 25, 1982

Prefer ILL forms to telephone requests: yes no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): yes no

Require follow-up ILL form: yes no

Verification note required on ILL form: yes no if possible

Unverified requests accepted: yes no Would appreciate some verification if from

Exceptions made for incomplete citations: yes no unprinted source

Depends on how incomplete-it author, vol. page, OK.

Articles up to 20 pages will be copied.

Turn-around time expectation: 1 days.

Will lend unbound journals: yes no (not current issue)

Will lend bound journals: yes no (Assuming that I am sole owner and if were lost, all member

Restrictions placed on date of journals lent: yes no
(example: current year not lent)

Restrictions: Current issue not lent.

Journal loan period: 2 weeks from receipt(or before if patron finishes it)

Will lend journal if article exceeds 20 pages, if not current issue.

Will lend books: yes no occasionally

Book loan period: 2 weeks

Renewals allowed: yes no Period: 2 weeks unless reserve placed

Will lend audiovisuals: yes no occasionally Only through County Health Depts.

Audiovisual loan period: Immediately after show date, film must be returned.

ADDITIONAL COMMENTS OVER.

Please, please, please for AHSCLC Members only. Not shared with the world as we are wont to do with our publications.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: DeKalb General Hospital

DATE: July 1, 1982

Prefer ILL forms to telephone requests: yes \(\times\) no (limit = 2 per day)

Will take telephone requests (limit = 2 per day): \(\times\) yes no

Require follow-up ILL form: yes \(\times\) no

Verification note required on ILL form: yes \(\times\) no

Unverified requests accepted: \(\times\) yes no

Exceptions made for incomplete citations: \(\times\) yes no

Articles up to 50 pages will be copied.

Turn-around time expectation: 1 days.

Will lend unbound journals: \(\times\) yes no

Will lend bound journals: \(\times\) yes no

Restrictions placed on date of journals lent: \(\times\) yes no

Restrictions: Current issue not lent

Journal loan period: 2 weeks

Will lend journal if article exceeds 50 pages.

Will lend books: \(\times\) yes no occasionally

Book loan period: 2 weeks

Renewals allowed: \(\times\) yes no Period: 2 weeks

Will lend audiovisuals: \(\times\) yes no occasionally

Audiovisual loan period: 2 weeks

ADDITIONAL COMMENTS OVER.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Sauls Memorial Library, Piedmont Hospital

DATE: July 10, 1982

Prefer ILL forms to telephone requests: yes X no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): X yes no

Require follow-up ILL form: yes X no

Verification note required on ILL form: yes X no

Unverified requests accepted: X yes no

Exceptions made for incomplete citations: X yes no

Articles up to 30 pages will be copied.

Turn-around time expectation: 1 days.

Will lend unbound journals: X yes no

Will lend bound journals: X yes no

Restrictions placed on date of journals lent: X yes no
(example: current year not lent)
Restrictions: current volume not lent

Journal loan period: 2 weeks

Will lend journal if article exceeds 30 pages.

Will lend books: X yes no occasionally

Book loan period: 2 weeks

Renewals allowed: X yes no Period: 1 week

Will lend audiovisuals: X yes X no occasionally

Audiovisual loan period:
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Yaden Psychiatric Clinic
DATE: 11-9-82

Prefer ILL forms to telephone requests:  yes  no (limit = 2 per day)

Will take telephone requests (limit = 2 per day):  yes  no

Require follow-up ILL form:  yes  no

Verification note required on ILL form:  yes  no

Unverified requests accepted:  yes  no

Exceptions made for incomplete citations:  yes  no

Articles up to 55 pages will be copied.

Turn-around time expectation:  days.

Will lend unbound journals:  yes  no

Will lend bound journals:  yes  no

Restrictions placed on date of journals lent:  yes  no
(example: current year not lent)

Restrictions:

Journal loan period: ________________________

Will lend journal if article exceeds _______ pages.

Will lend books:  yes  no  occasionally

Book loan period: 2 week

Renewals allowed:  yes  no  Period: 2 week

Will lend audiovisuals:  yes  no  occasionally

Audiovisual loan period: ________________________

ADDITIONAL COMMENTS OVER.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: CLAYTON GENERAL HOSPITAL, HEALTH SCIENCES LIBRARY

DATE: November 9, 1982

Prefer ILL forms to telephone requests: ___ yes ___ no
(limit = 2 per day)

Will take telephone requests (limit = ___ per day): ___ yes ___ no

Require follow-up ILL form: ___ yes ___ no

Verification note required on ILL form: ___ yes ___ no

Unverified requests accepted: ___ yes ___ no

Exceptions made for incomplete citations: ___ yes ___ no

Articles up to ___ pages will be copied.

Turn-around time expectation: ___-___ days.

Will lend unbound journals: ___ yes ___ no

Will lend bound journals: ___ yes ___ no

Restrictions placed on date of journals lent: ___ yes ___ no
(example: current year not lent)
Restrictions: current year not lent

Journal loan period: ___ week

Will lend journal if article exceeds ___ pages.

Will lend books: ___ yes ___ no ___ occasionally

Book loan period: ___ 2 weeks

Renewals allowed: ___ yes ___ no Period: ___ week

Will lend audiovisuals: ___ yes ___ no ___ occasionally

Audiovisual loan period: ___ week to ___ days

ADDITIONAL COMMENTS OVER.
ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM
INTERLIBRARY LENDING PROFILE

LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: SCOTTISH RITE HOSPITAL

DATE: NOV 10, 1982

Prefer ILL forms to telephone requests: _______ yes _______ no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): _______ yes _______ no

Require follow-up ILL form: _______ yes _______ no

Verification note required on ILL form: _______ yes _______ no

Unverified requests accepted: _______ yes _______ no

Exceptions made for incomplete citations: _______ yes _______ no

Articles up to _______ pages will be copied.

Turn-around time expectation: _______ days.

Will lend unbound journals: _______ yes _______ no

Will lend bound journals: _______ yes _______ no

Restrictions placed on date of journals lent: _______ yes _______ no
(example: current year not lent)

Restrictions: WILL BE GLAD TO COPY ANY BOOK OR JOURNAL

Journal loan period: ____________________________

Will lend journal if article exceeds _______ pages.

Will lend books: _______ yes _______ no _______ occasionally

Book loan period: ____________________________

Renewals allowed: _______ yes _______ no _______ Period: ______________

Will lend audiovisuals: _______ yes _______ no _______ occasionally

Audiovisual loan period: ____________________________

ADDITIONAL COMMENTS OVER.
LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Addison W. Duval Library
Georgia Mental Health Institute
1258 Braircliff Road, N.E.
Atlanta, Georgia 30306

DATE: 11/10/82

Prefer ILL forms to telephone requests: ☑ yes ☐ no (limit = 2 per day)

Will take telephone requests (limit = 2 per day): ☑ yes ☐ no

Require follow-up ILL form: ☑ yes ☐ no

Verification note required on ILL form: ☑ yes ☐ no

Unverified requests accepted: ☑ yes ☐ no

Exceptions made for incomplete citations: ☑ yes ☐ no

Articles up to 25 pages will be copied.

Turn-around time expectation: varied days.

Will lend unbound journals: ☑ yes ☐ no

Will lend bound journals: ☑ yes ☐ no

Restrictions placed on date of journals lent: ☑ yes ☐ no

(Example: current year not lent)

Restrictions:

Current issue not lent

Journal loan period: 2 weeks

Will lend journal if article exceeds 25 pages.

Will lend books: ☑ yes ☐ no occasionally

Book loan period: 1 month

Renewals allowed: ☑ yes ☐ no Period: 1 month

Will lend audiovisuals: ☑ yes ☐ no occasionally

Audiovisual loan period: N/A

ADDITIONAL COMMENTS OVER.
LIMIT: 2 requests per library per day; 7 requests per library per month. (We will make exceptions to limit if we are only owner of title and user cannot wait until following month... will negotiate individually)

LIBRARY: GEORGIA RETARDATION CENTER

DATE: November 1982

Prefer ILL forms to telephone requests: _yes ______ no _ require forms for book loans 
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): _yes ______ no

Require follow-up ILL form: _yes ______ no, except for books

Verification note required on ILL form: _yes ______ no

Unverified requests accepted: _yes ______ no

Exceptions made for incomplete citations: _yes ______ no

Articles up to _approx 20 pages will be copied. (librarian's discretion)

Turn-around time expectation: _2-3_ days.

Will lend unbound journals: _yes ______ no

Will lend bound journals: _yes ______ no, with occasional exceptions

Restrictions placed on date of journals lent: _yes ______ no (example: current year not lent)

Restrictions: PREFER NOT TO LEND MOST CURRENT ISSUE; SOME EXCEPTIONS CAN BE MADE

Journal loan period: 3 weeks

Will lend journal if article exceeds about 20 pages. (librarian’s discretion)

Will lend books: _yes ______ no ______ occasionally

Book loan period: 3 weeks

Renewals allowed: _yes ______ no _ Period: 3 weeks

Will lend audiovisuals: _yes ______ no _ occasionally (very limited collection at this time, and some titles do not circulate outside Center)

Audiovisual loan period: _will negotiate with user

ADDITIONAL COMMENTS OVER.
ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM
INTERLIBRARY LENDING PROFILE

LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: Douglas General Hospital Health Science Library

DATE: February 1983

Prefer ILL forms to telephone requests: ______ yes ___ no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): ___ x yes ___ no

Require follow-up ILL form: ______ yes ___ no

Verification note required on ILL form: ______ yes ___ no

Unverified requests accepted: ___ x yes ___ no

Exceptions made for incomplete citations: N/A ___ yes ___ no

Articles up to NO LIMIT ___ pages will be copied.

Turn-around time expectation: ___ 4 ___ days.

Will lend unbound journals: ______ yes ___ no

Will lend bound journals: ______ yes ___ no

Restrictions placed on date of journals lent: N/A ___ yes ___ no
(example: current year not lent)

Restrictions: ________________ N/A

Journal loan period: N/A —-----------------------------------

Will lend journal if article exceeds ___ N/A ___ pages.

Will lend books: ___ yes ___ x no ___ occasionally

Book loan period: ___ N/A ___

Renewals allowed: ___ N/A ___ yes ___ no Period: ________________

Will lend audiovisuals: ___ yes ___ no ___ x occasionally

Audiovisual loan period: date of viewing (very small holdings)

ADDITIONAL COMMENTS OVER.
ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM
INTERLIBRARY LENDING PROFILE

LIMIT: 2 requests per library per day; 7 requests per library per month.

LIBRARY: [Addison W. Duval Library]
[Georgia Inst. of Health Institute]

DATE: Atlanta, Georgia 30306

Prefer ILL forms to telephone requests: ☑ yes ☐ no
(limit = 2 per day)

Will take telephone requests (limit = 2 per day): ☑ yes ☐ no

Require follow-up ILL form: ☑ yes ☐ no

Verification note required on ILL form: ☑ yes ☐ no

Unverified requests accepted: ☑ yes ☐ no

Exceptions made for incomplete citations: ☑ yes ☐ no

Articles up to ___25___ pages will be copied.

Turn-around time expectation: ___ days.

Will lend unbound journals: ☑ yes ☐ no

Will lend bound journals: ☑ yes ☐ no

Restrictions placed on date of journals lent: ☑ yes ☐ no
(example: current year not lent)

Journal loan period: ______________________

Will lend journal if article exceeds ___25___ pages.

Will lend books: ☑ yes ☐ no ___ occasionally

Book loan period: ______________________

Renewals allowed: ☑ yes ☐ no Period: ___ month(s)

Will lend audiovisuals: ☑ yes ☐ no ___ occasionally

Audiovisual loan period: ______________________

ADDITIONAL COMMENTS OVER.