ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM

INTERLIBRARY LENDING PROFILE

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
    (example: 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

ADDITIONAL COMMENTS OVER.

Negotiable on limits.

ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM

INTERLIBRARY LENDING PROFILE

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

LIBRARY: <u>FERNBANK SCIENCE CENTER</u>

DATE: <u>JUNE 17, 1982</u>

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 (prefer it though)

Verification note required on ILL form: _____yes __X__no

Unverified requests accepted: __X__yes _____no (prefer verified)

Exceptions made for incomplete citations: __X__yes _____no

Articles up to __No limit__ pages will be copied.

Turn-around time expectation: __2__ days.

Will lend unbound journals: _____yes __X__no

Will lend bound journals: _____yes __X__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: __X__yes _____no _____occasionally

Book loan period: __1 month__

Renewals allowed: __X__yes _____no   Period: __2 weeks__

Will lend audiovisuals: _____yes _____no __X__occasionally

Audiovisual loan period: __1 month__

ADDITIONAL COMMENTS <u>OVER</u>.

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 _no limit___ 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: _____

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.

ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM

INTERLIBRARY LENDING PROFILE

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 __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 ___20___ pages will be copied.

Turn-around time expectation: ___2___ days.

Will lend unbound journals: __X__ yes _____no

Will lend bound journals: __X__ yes _____no

Restrictions placed on date of journals lent: _____yes __X__ no
    (example: current year not lent)
    Restrictions: _____

Journal loan period: __1 week_____

Will lend journal if article exceeds ___20___ pages.

Will lend books: __X__ yes _____no _____occasionally

Book loan period: ___2 weeks_____

Renewals allowed: __X__ yes _____no   Period:_1 week_____

Will lend audiovisuals: _____yes __X__ no _____occasionally

Audiovisual loan period: _____

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: H. Custer Naylor Library
Mercer University School of Pharmacy (GAPh)

DATE: June 18, 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 ___25___ pages will be copied.

Turn-around time expectation: ___1-2___ 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 2 weeks not lent

Journal loan period: ___one week___

Will lend journal if article exceeds ___25___ pages.

Will lend books: __x__ yes _____ no _____ occasionally

Book loan period: ___two weeks___

Renewals allowed: __x__ yes _____ no   Period: ___two weeks___

Will lend audiovisuals: _____ yes _____ no _____ occasionally
N/A 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.

ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM

INTERLIBRARY LENDING PROFILE

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   _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: _____yes _x_ no

Articles up to ___30___ pages will be copied.

Turn-around time expectation: _2_____ 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: _Most recent issue will not be lent_____

Journal loan period: ___2 weeks_____

Will lend journal if article exceeds ___25___ 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 _____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   __X__no
   (limit = 2 per day)

Will take telephone requests (limit = 5̶2̶ per day): __x__ yes _____no

Require follow-up ILL form: _____yes __x__no

N/A Verification note required on ILL form: _____yes _____no

Unverified requests accepted: __X__ yes _____no

N/A Exceptions made for incomplete citations: _____yes _____no

Articles up to ___50___ pages will be copied. (will make exceptions)

Turn-around time expectation: ___1___ days.

Will lend unbound journals: _____yes ___X__no (will make exceptions)

Will lend bound journals: ___X___ yes _____no

Restrictions placed on date of journals lent: _____yes __X__ no
   (example: current year not lent)
   Restrictions: _____

Journal loan period: _____1 week_____

Will lend journal if article exceeds _25-30_____ pages.

Will lend books: ___X___ yes _____no _____occasionally(with exceptions)

Book loan period: ___2 weeks_____

Renewals allowed: ___X___ yes/unless needed by other library users no Period: 1 week

N/A at this time Will lend audiovisuals: _____yes _____no _____occasionally

N/A at this time Audiovisual loan period: _____

ADDITIONAL COMMENTS OVER.

-O V E R -

We do not believe in the restriction of 7 requests/library/month. We are willing to fill all requests from fellow consortium members.

mailed: 6-23-82

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   *see over

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.

Comments:

* <u>Must</u> send ILL form during the months of June, July and August.

APPLIES ONLY TO AHSLC
MEMBERS

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MEMBERS

Requests limited to those materials owned only by this Library, unless some dire emergency, bind-
ery, 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   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: x   yes _____no if possible

Unverified requests accepted: X   yes _____no Would appreciate
                                                        some verification if fro
Exceptions made for incomplete citations: _____yes _____no unprinted sourc
 Depends on how incomplete-if author, vol. page, OK.
Articles up to   20   pages will be copied.

Turn-around time expectation: 1   days.

Will lend unbound journals: ___x___yes _____no (not current issue)

Will lend bound journals: _____yes   x   no (Assuming that I am sole own
                                                   and if were lost, all membe
Restrictions placed on date of journals lent: __x__ yes____fer) _____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: __x__ yes _____no _____occasionally

Book loan period: ___2 weeks___

Renewals allowed: __x__ 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 AHSLC 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   _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 __50__ 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 issue not lent

Journal loan period: __2 weeks__

Will lend journal if article exceeds __50__ pages.
    (altho most of the good ones are reference and can't be lent

Will lend books: __x__ yes _____ no _____ occasionally

Book loan period: __2 weeks__

Renewals allowed: __x__ yes _____ no   Period: __2 weeks__

Will lend audiovisuals: __x__ yes _____ no _____ occasionally

Audiovisual loan period: __2 weeks__

                                        ADDITIONAL COMMENTS OVER.

ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM   *Piedmont*

INTERLIBRARY LENDING PROFILE

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: _____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: 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: _____yes __X_no _____occasionally

Audiovisual loan period: _____

                                    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: _Yerkes Primate Research Center_

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 _35_ 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 weeks_

Renewals allowed: _✓_ yes _____ no   Period: _2 week_

Will lend audiovisuals: _____ yes _____ no _____ occasionally

Audiovisual loan period: _____

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: CLAYTON GENERAL HOSPITAL, HEALTH SCIENCES LIBRARY

DATE: November 9, 1982

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

Will take telephone requests (limit = 5 ~~XX~~ per day): __XX__ yes ____no

Require follow-up ILL form: _____yes XX no

Verification note required on ILL form: _____yes XX no

Unverified requests accepted: __XX__ yes _____no

Exceptions made for incomplete citations: __XX__ yes _____no

Articles up to __20__ pages will be copied.

Turn-around time expectation: __2-3__ days.

Will lend unbound journals: __xx__ yes _____no

Will lend bound journals: __xx__ yes _____no

Restrictions placed on date of journals lent: __xx__ yes _____no
     (example: current year not lent)
     Restrictions: current year not lent

Journal loan period: __1 week__

Will lend journal if article exceeds __20__ pages.

Will lend books: __xx__ yes _____no _____occasionally

Book loan period: __2 weeks__

Renewals allowed: __XX__ yes _____no   Period: __1 week__

Will lend audiovisuals: ____yes _____no __xx__ occasionally

Audiovisual loan period: __1 week to 10 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   _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 __60__ pages will be copied.

Turn-around time expectation: __2__ days.

Will lend unbound journals: _____yes _X_ no

Will lend bound journals: _____yes _X_ 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 _X_ no _____occasionally

Book loan period: _____

Renewals allowed: _____yes _____no   Period:_____

Will lend audiovisuals: ____yes _X_ no _____occasionally

Audiovisual loan period: _____

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 M. Duval Library
Georgia Mental Health Institute
1256 Braircliff Road, N.E.
DATE: Atlanta, Georgia 30306

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 *only as a last resort*

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) *Current issue not loaned*
Restrictions: _____

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: N/T yes _____ no _____ occasionally

Audiovisual loan period: N/T

ADDITIONAL COMMENTS OVER.

ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM

INTERLIBRARY LENDING PROFILE

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_____

But we do

Prefer ILL forms to telephone requests: _____yes __X__ no require forms
(limit = 2 per day)   for book loans

Will take telephone requests (limit = 2 per day): __x__ yes ____no

Require follow-up ILL form: _____yes __x__ no, except for books

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 __approx 20 pages will be copied. (librarian's discretion)

Turn-around time expectation: __2-3__ days.

Will lend unbound journals: __X__ yes _____no

Will lend bound journals: _____yes __X__ no, with occasional
                                                          exceptions
Restrictions placed on date of journals lent: __X__ 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: __x__ yes _____no _____occasionally

Book loan period: __3 weeks__

Renewals allowed: __x if__ yes . ____no   Period:__3 weeks__
                   no hold on book
Will lend audiovisuals: ____yes _____no __x__ occasionally
                                                (very limited collection at this
Audiovisual loan period: __will negotiate with user__ time, and some titles do not
                                                circulate outside Center)
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: <u>Douglas General Hospital Health Science Library</u>

DATE: <u>February 1983</u>

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: _N/A_ yes _____no

Articles up to <u>NO LIMIT</u> pages will be copied.

Turn-around time expectation: __4__ days.

Will lend unbound journals: _____yes __X__no

Will lend bound journals: _____yes __X__no

Restrictions placed on date of journals lent: __N/A__ yes _____no
    (example: current year not lent)
    <u>Restrictions:</u>   N/A

Journal loan period: <u>N/A</u>

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: <u>date of viewing</u>   (very small holdings)

ADDITIONAL COMMENTS <u>OVER.</u>

ATLANTA HEALTH SCIENCE LIBRARIES CONSORTIUM

INTERLIBRARY LENDING PROFILE

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

LIBRARY: ~~Althea M. Duval Library~~
~~Georgia Mental Health Institute~~
~~1256 Briarcliff Road, N.E.~~

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 *only with* *limit*

Exceptions made for incomplete citations: __✓__ yes _____ no

Articles up to ___25___ pages will be copied.

Turn-around time expectation: _several_ 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)   *Current issue not loaned*
   Restrictions: _____

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: N/1 yes _____ no _____ occasionally

Audiovisual loan period: ___N/1___

ADDITIONAL COMMENTS OVER.