



Library Display Request Form
Blanche Skiff Ross Memorial Library

Name of Person Requesting Display: _____

Contact Information: Ext. _____ Email _____

Name of Display: _____

Display Start Date: _____ Display End Date: _____

Display contents (DVD/Books/Personal items): _____

- Location of Display (please check): North-side Foyer (Entry)
 Library Main Floor Display Case with Glass Front
 Library Main Floor (Central Area) using pillars/tables/shelf

On-screen Video Display Needed? Yes No

If yes: Periodical Section OR Instructional area

Individual Completing Display: _____
(if different from above)

Ext. _____ Email _____

*** Please assemble and disassemble display in a timely manner based on the dates specified above.**

For questions contact the Library at library@cottey.edu or Ext: 2153

LIBRARY INTERNAL USE ONLY
Personal Item Pick-up Notification

Date: _____

Notified By: _____

Person Notified: _____

Mode of Contact: Phone Email Personal Conversation

Description of Items: _____

Location of Pick-up Items: _____