



Library and Archives Request Form

Researcher Name: _____

Date: _____

Public Record Disclaimer: I understand that by accessing public records this pull-slip and the information it contains will be considered part of the public record and must be made accessible to the public upon request per the Georgia Open Records Act (50-18-70). Researcher Initials: _____

Manuscript Information

Collection Name: _____ Number: _____

Box or Volume Number	Folder(s)	Shelf Location (Staff use only)

Map or Architectural Drawing Information

Map/Drawing Number	Description	Map Date	Shelf Location

Rare Book / Rare Pamphlet / Rare Folio (circle one)

Call Number	Title / Author

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