

## Sullivan Library FACULTY NEW TITLE REQUEST

*Print out and send to Sullivan Library. Notice will be sent to your Chaminade email account.*

Please print clearly

Faculty Full Name (Required) \_\_\_\_\_

Chaminade Email (Required) \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Date needed \_\_\_\_\_

Order Type:  Normal  Rush

Format:  Hard cover  Paperback  DVD  VHS  CD

Other format, specify \_\_\_\_\_

Title (Required) \_\_\_\_\_

Author (Required for Books) \_\_\_\_\_

Audiovisual - Director/Composer/Actors \_\_\_\_\_

Publisher \_\_\_\_\_

ISBN/ISSN \_\_\_\_\_ Edition Number \_\_\_\_\_

Year of Publication \_\_\_\_\_ Price \_\_\_\_\_

Series title \_\_\_\_\_

Is this a replacement title?  Yes  No Title to be Replaced \_\_\_\_\_

Reason for Recommendation \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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