



454 GRC Bldg, Rizal Ave., Extn. 9th Ave., Grace Park, Caloocan City
Tel. No. : 361-6330

LIBRARY REFERRAL REQUEST FORM

Date Request: _____

Actual Date: _____

Requested Name: _____

Year/Course/Major: _____

Faculty : _____

(Signature over printed name)

Below are the following students:

1.

2.

3.

4.

5.

Name of Library to visit: _____

Name of Addressee or Chief Librarian : _____

Address: _____

Topic to be research : _____

Requested Signature _____

NOTE:

1. The library doesn't issue referral letter during semestral and summer break.
2. Request for referral letter must be done two (2) days before the actual date of visit.
3. Referral letter should be claimed by one of the members who requested for a referral.
4. A maximum of 5 researchers per library/institution are allowed per day, however, the number of researchers to be accommodated is subject to the discretion of the library/institution concerned.
5. You are advised to visit some of the library websites in order to check the availability of the materials for your research.