

## Loan Program – Item Request Form

Please type or print clearly

Item(s) Requested: .....

Requestor's Name: .....

Institutional Affiliation: .....

Is the ASA Institutional Membership in good standing?  Yes  No

Mailing Address: .....

Phone Number: ..... E-mail: .....

How will the requested item(s) be used?

.....  
.....  
.....  
.....  
.....

What method of shipment will be used to return the requested item(s)?

.....

When is/are the item(s) required by? When will item(s) be returned?

.....

---

By signing and submitting this item request form, I acknowledge that:

- Requestor holds responsibility for lost or damaged item(s)
- Item(s) but be shipped back through an organized company
- Any issues with the item(s) must be reported to the Executive Director of the Archives Society of Alberta

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form to:**

The Archives Society of Alberta  
Suite 407, 10408 – 124 St  
Edmonton, AB T5N 1R5  
Email: [admin@archivesalberta.org](mailto:admin@archivesalberta.org)  
Tel: (780) 424-2697