CLARK COLLEGE LIBRARY SERVICES

Review Request

Name:			SID:
Address:			City:
Zip Code:	Phone 1:	Phone 2:	E-mail:

Problem or concern (PLEASE BE AS SPECIFIC REGARDING DATES AND DETAILS.):

Suggested remedy or recommendation:

Signature:	Date:

Staff Comments:

Signature:	Date:

Resolution:

Signature:	Date: