

Raymond Walters College Library

Display Request Form

CONTACT INFORMATION

Today's Date: _____
Organization: _____
Contact name: _____
Phone Number: _____
Address/Mail Code: _____
Email: _____
Related Webpage: _____

DISPLAY INFORMATION

Title of Display:	
Theme of Display:	
Display dates (start/end date):	
Other materials included in the display:	
Related Library materials needed:	
Brief Description of Display:	

Please check:

- I have read and will comply with RWC Library's Display case rules and guidelines.
- I understand that I am responsible for delivery & removal of display items.

Signature _____ Date _____

Submit completed form to:

Michelle McKinney, Raymond Walters College Library, 115C Muntz, 513-745-5710

Library Use Only: Approved Declined Display Dates Approved: _____