REPLACEMENT BOOK FORM

Use this form when a book is lost and needs to be replaced by either the Library or the patron. Patrons may purchase the book themselves BUT must get prior approval by College Librarian of the specific title and edition as well as signatures of College Librarian and Collection Development prior to purchase of replacement book. If patron is approved to purchase title themselves, they must also pay Library Replacement Processing Fee of $20.00

1. To be Completed by Access Services: Date: ___ / ___ / ___
   
   Patron Name: __________________________ Patron Barcode #: 2 0150 _____ _____
   
   Phone: __________________________ Email: __________________________

   Lost Book information from patron record:

   Call #: __________________________
   
   Title: __________________________
   
   Author: __________________________
   
   Barcode: 3 0150 _____ _____ Lost Book Due Date: ___ / ___ / ___

   Are you requesting approval to purchase the book yourself? □ Yes □ No

   Library replacement cost by call number, size and type:
   $40 (WB) $50 Good Reads or Gov. Docs $90 (A-P & U-Z) $115 (Q-T) $140 (Oversize) $165 (Journals) $200 VHS/DVD

   Forward completed forms to the appropriate Librarian with a printout attached of PolyCat record.

   Circ. Staff initials: _______

2. To be completed by the Librarian:

   Librarian reviewing title: __________________________ (please print name)

   Replace Original Book: □ Yes □ No Same Edition: □ Yes □ No

   If no, please list alternate title for replacement book information:

   Title: __________________________

   Author: __________________________

   Publisher: __________________________ Year: ________ ISBN: __________________________

   I approve the patron’s request to purchase this book themselves:

   Signature of Librarian: __________________________

   Director, Information Resources: Signature: __________________________

FOR OFFICE USE ONLY:

Lost Book Charge removed From patron record—Initial & Date: __________________________

Payment received and processing fee cleared—Initial & Date: __________________________

Cataloging: Add record & labels, edit PolyCat—Initial & Date: __________________________

Form returned to and processed by Access Services—Initial & Date: __________________________