Soochow University Library - Long-term Book Loan Record Form

Date： (dd//mm/yyyy)

Name:	Personnel Code：	Loan Period： From _____ (dd mm/yyyy) To _____ (dd mm/yyyy)

Affiliated Unit	☐Academics :	Research Project Title, Research Project Approval Number : _____ Research Project Supervisor's Signature： _____	
	☐Administration :	☐For Unit Business Reference ☐For Event Use, Event Name _____ ☐Other_____	Application Unit Coordinator : （Signature） Application Unit Supervisor : （Signature）

Handing Librarian : （Signature）   Handler :   （Signature）

Barcode	Call Number	Ttile

(You can add fields as needed, or you can provide a separate list)