

ATKINS LIBRARY - UNC CHARLOTTE

REQUEST FOR REVIEW OF LIBRARY CHARGES

Name: _____ ID#: _____

Email _____ Today's Date _____

In Person _____ BY phone _____ Staff Initials _____

ITEM			
<i>Date/Time Returned</i>		<i>Fines</i>	
<i>Returned Location</i>			

COMMENTS

(Use back of form if more space needed)

ACTION TAKEN BY CIRCULATION STAFF

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